

Wilmington Mutual

Telephone Hours: 7:00 a.m. - 6:00 p.m. (PT) Monday - Thursday
 7:00 a.m. - 4:00 p.m. (PT) Friday
 8:00 a.m. - 1:00 p.m. (PT) Saturday
 1-800-282-4840
 1-800-735-2922 TDD - For The Hearing Impaired

Loan Number: 0021669643

Statement Closing Date: 11/07/00

Page: 1 OF 1

DAVID W BUTLER 1584 V
 KRISTIN G BUTLER
 17370 SKYLINE BLVD
 WOODSIDE CA 94062-3715

Available Credit:	\$789,399.00
Credit Line Limit:	\$1,100,000.00
ANNUAL PERCENTAGE RATE:	6.49%

Line of Credit Statement**On The House™ VISA® Card Number: 4497820041560213**

Previous Balance	(+) Advances & Charges	(-) Payments & Credits	(+) Periodic Rate FINANCE CHARGES Billed	(+/-) Credit/Charges Adjustment	(=) New Balance <small>This is NOT a payoff figure</small>
	98,480.01	25,000.00	1,581.86	.00	312,191.94

Statement Activity

Posting Date	Effective Date	Description	Transaction Amount
10/10/00	10/10/00	10/09 RENT A PHONE LTD COLCHESTER GB	438.06-
10/10/00	10/10/00	10/09 RENT A PHONE LTD COLCHESTER GB	12.22-
10/18/00	10/17/00	ADVANCE CHECK 1001	400.00-
10/20/00	10/20/00	ODS ADVANCE 0000	65,000.00-
10/26/00	10/25/00	ADVANCE CHECK 1003	7,354.00-
10/26/00	10/25/00	FINANCECHARGE ADVFEE	6.02-
10/26/00	10/25/00	10/24 CASINOCASH/111 COUN INCLINE VILLA NV	301.00-
10/27/00	10/26/00	ADVANCE CHECK 1002	2,273.25-
10/27/00	10/26/00	ADVANCE CHECK 1008	1,465.00-
10/30/00	10/27/00	ADVANCE CHECK 1007	354.09-
10/31/00	10/30/00	ADVANCE CHECK 1001	1,705.75-
10/31/00	10/31/00	10/28 SUNDANCE MINE COMPA PALO ALTO CA	459.88-
11/02/00	11/01/00	ADVANCE CHECK 1010	221.47-
11/03/00	11/03/00	11/02 FRY'S ELECTRONICS # SUNNYVALE CA	660.29-
11/06/00	11/03/00	ADVANCE CHECK 1012	937.45-
11/06/00	11/03/00	PAYMENT	786.30
11/06/00	11/03/00	PRINCIPAL PAYMENT	24,213.70
11/06/00	11/06/00	FINANCECHARGE ADVFEE	4.03-
11/06/00	11/06/00	11/04 SKYWOOD TRADING/1728 WOODSIDE CA	201.50-
11/07/00	11/06/00	ADVANCE CHECK 1004	35.00-
11/07/00	11/06/00	ADVANCE CHECK 1011	16,051.00-
11/07/00	11/06/00	ADVANCE CHECK 1013	600.00-

Summary of Statement Activity:	(+/-) Principal	(+/-) Periodic Rate FINANCE CHARGES	(+/-) Fees	(+/-) Other
	74,256.26-	768.50	7.75	

Important Messages**Finance Charges**

Days	Average Daily Balance	Periodic Rate	ANNUAL PERCENTAGE RATE	Periodic Rate FINANCE CHARGES
32	278,776.57	0.0177322	6.49000	1,581.86

Adjustment: .00
 Total Periodic Rate FINANCE CHARGES: 1,581.86

L2

**Washington Mutual****Loan Statement**

Telephone Inquiries
(800) 282-4840
TDD - For The Hearing Impaired
(800) 735-2922

Statement Date: November 1, 2000
Activity Since: October 2, 2000
Loan Number: 0013134671

DAVID W BUTLER
KRISTIN G BUTLER
17370 SKYLINE BLVD
WOODSIDE CA 94062-3715

47,510



paid 12-2000

See Reverse Side For Additional Information

Current Loan Information

Property Address: 17370 Skyline Blvd
Woodside CA 94062

Principal Balance
Escrow Balance
Interest Rate

\$0.00
8.23600%

Activity Summary

Activity is from October 2, 2000 to November 1, 2000
Principal 1,118.89-
Interest 4,023.31
Total Amount Received \$2,904.62

Payment Due Information

Next Payment Due Date 12/01/00
Current Payment 2,904.62
Total Amount Due \$2,904.62

To avoid late charges of \$145.23, we must receive your payment by 12/16/00 during our business hours.

Escrow/Other Activity

Property Taxes Paid \$0.00
Insurance Paid \$0.00

Year-To-Date Information

Interest Paid \$37,841.65
Principal Paid \$1,353.29-
Real Estate Taxes Paid \$0.00
Insurance Paid \$0.00
Unpaid Deferred Int. (Loan-to-Date) \$4,383.36

Messages*** Adjustable Rate Loan Information**

Index 6.03500
Margin 2.20000
For Payment Due December 1, 2000
Interest Rate 8.23500%

This loan qualifies for PAYMENT OPTIONS. Each PAYMENT OPTION includes an escrow payment and late charge(s), if applicable.

1. Minimum payment due: \$2,904.62
2. Interest only payment: \$4,066.97
3. Full principal and interest payment: \$4,531.70
(based on the remaining term of your loan)
4. Full principal and interest payment: \$6,268.53
(based on 15 year term)

CUSTOMER SERVICE 1-800-282-4840 FOR YOUR CONVENIENCE: MON-THUR 7:00-8:00 FRI 7:00-4:00 SAT 8:00-1:00 PM

L3

Please return bottom portion with your payment. (Allow 7-10 days for postal delivery.) 156-B



2000		Federal Income Tax Summary		Page 1
Client 115300		DAVID W AND KRISTIN G BUTLER		067-60-8153
07/29/05				04:08 PM
	2000	1999	Diff	
INCOME				
Wages, salaries, tips, etc	247,678	62,847	184,831	
Interest income	7,248	4,337	2,911	
Dividend income	22,117	26,553	-4,436	
Refunds of state and local taxes	13,665	350	13,315	
Capital gain or loss	239,435	1,701,068	-1,461,633	
Rent, royalty, partnership, estate	1,262	0	1,262	
Total income	531,405	1,795,155	-1,263,750	
ADJUSTMENTS TO INCOME				
Total adjustments	0	0	0	
Adjusted gross income	531,405	1,795,155	-1,263,750	
ITEMIZED DEDUCTIONS				
Taxes	34,200	244,651	-210,451	
Interest	40,943	42,411	-1,468	
Contributions	2,625	0	2,625	
Miscellaneous (subject to 2% of AGI)	149,944	0	149,944	
Overall itemized deductions limitation	-12,074	-50,057	37,983	
Total itemized deductions	215,638	237,005	-21,367	
TAX COMPUTATION				
Standard deduction	7,350	7,200	150	
Larger of itemized or standard deduction	215,638	237,005	-21,367	
Income prior to exemption deduction	315,767	1,558,150	-1,242,383	
Exemption deduction	0	0	0	
Taxable income	315,767	1,558,150	-1,242,383	
Tax before AMT	93,829	433,770	-339,941	
Alternative minimum tax	33,854	0	33,854	
Tax before credits	127,683	433,770	-306,087	
CREDITS				
Foreign tax credit	514	186	328	
Total credits	514	186	328	
Tax after credits	127,169	433,584	-306,415	
OTHER TAXES				
Total tax	127,169	433,584	-306,415	
PAYMENTS				
Federal income tax withheld	63,954	7,014	56,940	
Estimated tax payments	0	496,390	-496,390	
Total payments	63,954	503,404	-439,450	
REFUND OR AMOUNT DUE				
Amount overpaid	0	69,820	-69,820	
Underpayment penalty	3,018	2,157	861	
Amount refunded to you	0	67,663	-67,663	
Amount you owe		0	66,233	
TAX RATES				
Marginal tax rate	39.6%	39.6%	0.0%	
Effective tax rate	40.3%	27.8%	12.5%	

12/1/05

2000

California Income Tax Summary

Page 1

Client 115300

DAVID W AND KRISTIN G BUTLER

067-60-8153

07/29/05

04:09 PM

	2000	1999	Diff
FEDERAL ADJUSTED GROSS INCOME			
Federal adjusted gross income	531,405	1,795,155	-1,263,750
CALIFORNIA SUBTRACTIONS			
State tax refund	13,665	350	13,315
Total subtractions from federal AGI . .	13,665	350	13,315
ADJUSTED GROSS INCOME			
Adjusted gross income	517,740	1,794,805	-1,277,065
ITEMIZED DEDUCTIONS			
Federal itemized deductions	227,712	287,062	-59,350
Less state, local and foreign taxes . . .	16,518	235,424	-218,906
Itemized deduction limitation	-16,975	-41,041	24,066
California itemized deductions	194,219	10,597	183,622
California standard deduction	5,622	5,422	200
TAX COMPUTATION			
Taxable income	323,521	1,784,208	-1,460,687
Tax	26,578	162,548	-135,970
Net tax	26,578	162,548	-135,970
OTHER TAXES			
Alternative minimum tax	4,158	0	4,158
Total tax liability	30,736	162,548	-131,812
PAYMENTS			
California income tax withheld	16,242	1,593	14,649
Estimated tax payments	0	174,620	-174,620
Total payments	16,242	176,213	-159,971
REFUND OR AMOUNT DUE			
Amount overpaid	0	13,665	-13,665
Underpayment penalty	281	871	-590
Amount you owe		0	14,775
Amount refunded to you	0	12,794	-12,794
TAX RATES			
Marginal tax rate	9.3%	9.3%	0.0%
Effective tax rate	9.5%	9.1%	0.4%

$$= \frac{(66,233 + 14,775)}{4} \times 3 - \frac{(66,233 + 14,775)}{4} \times \frac{16}{90}$$

$$= \$57,155.64$$

2000**Federal Income Tax Summary****Page 1****Client L15300****DAVID W AND KRISTIN G BUTLER****067-60-8153**

10/11/05

12:59 PM

	2000	1999	Diff
INCOME			
Wages, salaries, tips, etc	247,678	62,847	184,831
Interest income	7,248	4,337	2,911
Dividend income	22,117	26,553	-4,436
Refunds of state and local taxes	13,665	350	13,315
Capital gain or loss	239,435	1,701,068	-1,461,633
Taxable IRA distributions	110,225	0	110,225
Rent, royalty, partnership, estate	1,262	0	1,262
Total income	641,630	1,795,155	-1,153,525
ADJUSTMENTS TO INCOME			
Total adjustments	0	0	0
Adjusted gross income	641,630	1,795,155	-1,153,525
ITEMIZED DEDUCTIONS			
Taxes	34,200	244,651	-210,451
Interest	40,943	42,411	-1,468
Contributions	2,625	0	2,625
Miscellaneous (subject to 2% of AGI)	147,739	0	147,739
Overall itemized deductions limitation	-15,380	-50,057	34,677
Total itemized deductions	210,127	237,005	-26,878
TAX COMPUTATION			
Standard deduction	7,350	7,200	150
Larger of itemized or standard deduction	210,127	237,005	-26,878
Income prior to exemption deduction	431,503	1,558,150	-1,126,647
Exemption deduction	0	0	0
Taxable income	431,503	1,558,150	-1,126,647
Tax before AMT	139,661	433,770	-294,109
Alternative minimum tax	18,885	0	18,885
Tax before credits	158,546	433,770	-275,224
CREDITS			
Foreign tax credit	514	186	328
Total credits	514	186	328
Tax after credits	158,032	433,584	-275,552
OTHER TAXES			
Tax on IRAs, retirement plans, & MSAs	11,023	0	11,023
Total tax	169,055	433,584	-264,529
PAYMENTS			
Federal income tax withheld	63,954	7,014	56,940
Estimated tax payments	0	496,390	-496,390
Total payments	63,954	503,404	-439,450
REFUND OR AMOUNT DUE			
Amount overpaid	0	69,820	-69,820
Underpayment penalty	5,271	2,157	3,114
Amount refunded to you	0	67,663	-67,663
Amount you owe	110,372	0	110,372

L4b

2000		California Income Tax Summary		Page 1
Client L15300		DAVID W AND KRISTIN G BUTLER		067-60-8153
10/11/05				01:34 PM
	2000	1999	Diff	
FEDERAL ADJUSTED GROSS INCOME				
Federal adjusted gross income	641,630	1,795,155	-1,153,525	
CALIFORNIA SUBTRACTIONS				
State tax refund	13,665	350	13,315	
Total subtractions from federal AGI . .	13,665	350	13,315	
ADJUSTED GROSS INCOME				
Adjusted gross income	627,965	1,794,805	-1,166,840	
ITEMIZED DEDUCTIONS				
Federal itemized deductions	225,507	287,062	-61,555	
Less state, local and foreign taxes . .	16,518	235,424	-218,906	
Itemized deduction limitation	-23,588	-41,041	17,453	
California itemized deductions	185,401	10,597	174,804	
California standard deduction	5,622	5,422	200	
TAX COMPUTATION				
Taxable income	442,564	1,784,208	-1,341,644	
Tax	37,649	162,548	-124,899	
Net tax	37,649	162,548	-124,899	
OTHER TAXES				
Alternative minimum tax	1,265	0	1,265	
Other taxes	2,756	0	2,756	
Total tax liability	41,670	162,548	-120,878	
PAYMENTS				
California income tax withheld	16,242	1,593	14,649	
Estimated tax payments	0	174,620	-174,620	
Total payments	16,242	176,213	-159,971	
REFUND OR AMOUNT DUE				
Amount overpaid	0	13,665	-13,665	
Underpayment penalty	776	871	-95	
Amount you owe	26,204	0	26,204	
Amount refunded to you	0	12,794	-12,794	
TAX RATES				
Marginal tax rate	9.3%	9.3%	0.0%	
Effective tax rate	9.4%	9.1%	0.3%	

$$\begin{aligned}
 &\text{After Adjustment} - \text{Before Adjustment} \\
 &= (127,169 + 30,736) - (169,055 + 41,670) \\
 &= 52,820
 \end{aligned}$$

David W. Butler
17370 Skyline Boulevard
Woodside, CA 94062

CLIENT #: 1867
FILE #: 1867.0001

AS OF: 01/31/02
PAGE # 1

RE: Defense services in connection
with an informal SEC inquiry

DATE	ATTORNEY OR STAFF	SERVICE	RATE	TIME	AMOUNT
09/07/00	BHF	Telecon with SEC.	475.00	.50	
09/07/00	RGG	Analyze and review the SEC's numbers.	250.00	.80	
09/08/00	BHF	Telecon with Butler.	475.00	1.00	
09/08/00	RGG	Analyze and review multiple combinations of transaction prices.	250.00	1.30	
09/11/00	BHF	Telecons with Butler (3).	475.00	1.50	
09/11/00	BHF	Telecon with Ken King / D. Butler.	475.00	.50	
09/11/00	BHF	Telecon with SEC.	475.00	.20	
09/12/00	BHF	Telecons with Butler (4), Ken King (2).	475.00	2.80	
09/12/00	BHF	Telecon with SEC.	475.00	.50	
09/12/00	RGG	Analyze and review the March call sales.	250.00	.30	
09/13/00	BHF	Meeting with CRC.	475.00	.20	
09/13/00	CRC	Meeting with BHF.	200.00	.50	
09/13/00	CRC	Review complaint.	200.00	.40	
09/13/00	CRC	Meeting with DMS.	200.00	.50	
09/14/00	BHF	Telecons with David Butler (3).	475.00	.40	
09/14/00	BHF	Telecon with SEC (Jackson/Novakovic).	475.00	.20	
09/14/00	BHF	Telecons with press reporters.	475.00	.30	
09/15/00	BHF	Meeting with CRC.	475.00	.10	47.50
09/15/00	DMS	Meeting with CRC re: research for pleadings and motions.	120.00	.50	60.00
09/15/00	DMS	Research SEC cases with injunctions.	120.00	6.20	744.00
09/18/00	DMS	Review and pull cases (Lexis research).	120.00	4.30	516.00
09/18/00	DMS	Begin second half of SEC injunctive research.	120.00	1.20	144.00
09/18/00	BHF	Telecon with Ken King.	475.00	.10	47.50
09/19/00	BHF	Telecon with Butler, Jeff Krinsk.	475.00	1.20	570.00
09/19/00	CRC	Draft memo re: document exchange.	200.00	1.00	200.00
09/20/00	BHF	Telecon with Gary Jackson (SEC); Al Yates.	475.00	.10	47.50
09/25/00	BHF	Meeting with CRC.	475.00	.20	95.00

L5

182597

CUSTOMER'S ORDER NO.		DATE	
		9-13-00	
NAME			
KRISTIN B			
ADDRESS			
17370 Skyline Blvd			
CITY, STATE, ZIP			
CA 94062			
SOLD BY CASH		C.O.D.	CHARGE ON ACCT.
MDSE		PAID OUT	
RETD.			
QUAN.	DESCRIPTION		AMOUNT
1	Jordan		
2	Service		
3	9.9.00		170
4	9.16.00		176
5	9.23.00		170
6	9.30.00		170
7	9.6.00		170
8	9.13.00		170
9	Thank You		
10	Joe		
11			
12			
RECEIVED BY			
Total 790.00			

KEEP THIS SLIP FOR REFERENCE

DC3705

Paid 10/25

L6

[illegible]

Next Year
Payment

L7



INVOICE DATE
OCTOBER 07, 2000

PLEASE SEND ALL
CORRESPONDENCE
EXCLUDING PAYMENTS
TO THIS ADDRESS

ADT SECURITY SERVICES
14200 EAST EXPOSITION AVE
AURORA, CO 80012
For questions about your bill, please
see the reverse, then if necessary call:

(800) 366-7534

For questions about your system's
operation, or if you need service, please call: (800) 822-5957 TIN: 58-1814102

YOUR ADT
CUSTOMER NO.

274-24647

THIS INVOICE REFLECTS ALL
PAYMENTS PROCESSED THROUGH

OCTOBER 04, 2000

YOUR SERVICE LOCATION:

DAVID BUTLER
17370 SKYLINE BLVD
WOODSIDE, CA 94062

YOUR BILLING ADDRESS:

143151E *****AUTO**3-DIGIT 940
DAVID BUTLER
17370 SKYLINE BLVD
WOODSIDE, CA 94062-3715

FROM DATE	THRU DATE	DESCRIPTION	AMOUNT
10/01/00	10/31/00	PREVIOUS BALANCE	00.00
10/01/00	10/31/00	QUARTERLY BILLING SERVICES	92.85
IMPORTANT: ADT IS RATING YOUR MONTHLY MONITORING FEES. TO PREVENT ANY INCREASE IN YOUR SERVICE CHARGES, PLEASE READ THE ENCLOSED INQUIRY CARD AND SAVE MONEY. PLEASE READ THE ENCLOSED INQUIRY CARD.			
PLEASE PAY THIS AMOUNT			92.85

TERMS: DUE UPON RECEIPT

PLEASE DETACH HERE AND RETURN THE BOTTOM PORTION WITH YOUR REMITTANCE

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AQUAPHYLE POOL SERVICE
101 FIRST ST., PMB 349
LOS ALTOS, CA 94022

Invoice

DATE	INVOICE #
09/01/2000	1320

BILL TO:

Butler
17370 Skyline BLVD
WOOSIDE, CA 94020

DESCRIPTION	AMOUNT
July service	100.00
<div>PAID \$300 9/18/00</div>	
TOTAL	\$100.00

29

Citibank

Eight hundred eighty three &

9/29/00

MEMO TO THE CHAIRMAN OF THE BOARD

DATE: 9/29/00

BY: [Signature]

FORD

THS

DWIGHT

RAJ

BOND

OTHER

R/L

100

863.53

NOT NEGOTIABLE

L 10

DISH NETWORK
A DIVISION OF ECHOSTAR SATELLITE CORPORATION

DISH NETWORK
DEPT 0053 PALATINE IL 60055-0083

DAVE BUTLER
17370 SKYLINE BLVD
WOODSIDE OA 94062-3715

0061010

Billing Statement

Payment Due Date: 10/01/00

Billing Date: 09/11/00
Service from 09/26 to 10/25
Account No: 8255 90 905 1185939

9/21/00

Account Summary For DAVE BUTLER

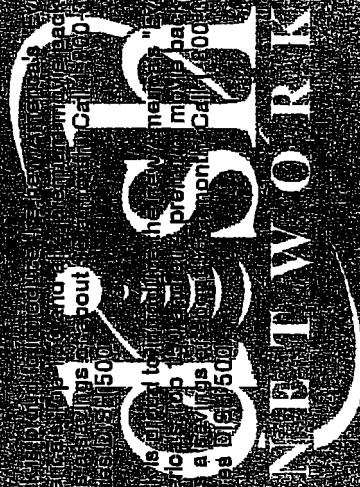
Previous Balance	80.24
Payment(s) - Thank You!	- 80.24
Balance	\$ 0.00
Account Charges	110.14
Taxes	0.33
Total Charges	110.47
Total Amount Due	\$ 110.47

For Your Information

Tired of waiting on hold? Dish Network's new Credit Card Payment Option, Credit Card AutoPay, automatically pays your bill using your credit card. Call 1-800-933-DISH to get up to speed, and to get your credit card payment option.

Dish Network's new 100% Satisfaction Guarantee. If you're not satisfied with your service, we'll refund your money. No questions asked. Call 1-800-933-DISH to get up to speed, and to get your 100% Satisfaction Guarantee.

Dish Network's new 100% Satisfaction Guarantee. If you're not satisfied with your service, we'll refund your money. No questions asked. Call 1-800-933-DISH to get up to speed, and to get your 100% Satisfaction Guarantee.



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WELLS
FARGO**Wire Transfer Confirmation**

DAVID W. BUTLER
KRISTIN BUTLER
17370 SKYLINE BLVD.
WOODSIDE CA 94062-3715

Date	SEPTEMBER 15, 2000
Account number	0039758990

Page 1

For Questions or Address Corrections, Please Contact Your Store or Account Office

Transactions Description	Debit	Credit
FWO: 0915J2Q5037C002565	\$100,000.00	
A/C: D/0039758990 TRN: 000915-027351		
VALUE DATE: 09/15/00 CURRENCY CODE: USD		
TIME: 12:04:57.81 CURRENCY RATE:		
TO: CITIBANK FEDERAL SAVIN WABA/254070116		
BNFACCT: 6671-3919		
BNF: finkelstein, thompson and loughran		
suite 601		
1055 thomas jefferson st. n.w.		
washington, d.c. 20007		
RFB: FW00329259067850		
BBI: contact person: nikki curry. phone		
no. 202-828-7646		

TYPE
DEBITS
CREDITS

SUMMARY OF WIRES:
NUMBER
1
0

TOTAL
\$100,000.00
\$.00

Exhibit B

David Butler
Wells Fargo Bank Reconciliation
9/14/2000

Balance per statement as of 9/11/00 (Reference A1)	\$	8,629.01
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Checks Written and Cashed between 9/12/2000 and 9/14/2000		(2,273.75)
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Debt Card Purchases between 9/12/2000 and 9/14/2000

9/12/2000	33.73
9/12/2000	471.42
9/13/2000	17.09
9/13/2000	41.00
9/14/2000	53.28
9/14/2000	96.00
9/14/2000	<u>260.00</u>

(972.52)

ATM Withdrawals between 9/12/2000 and 9/14/2000		(300.00)
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Deposits between 9/12/00 and 9/14/2000		100,335.87
--	--	------------

Outstanding Checks as of 9/14/2000

#2422	20.00
#2425	36.00
#2439	15.00
#2440	125.00
#2441	810.00
#2442	12.87
#2443	19.65
#2444	50.00
#2445	108.55
#2446	100.00
#2447	200.00
#2448	200.00
#2532	200.00
#2533	200.00
#2534	<u>200.00</u>

(2,297.07)

Bank Balance as of 9/14/2000	\$	<u>103,121.54</u>
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Less Wire Transfer to Finkelstein, Tompson & Loughran (Exhibit B)		(100,000.00)
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Net Balance		<u>3,121.54</u>
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Balance per Original Stement of Net Worth		<u>20,871.94</u>
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Reduction in Net Worth		(17,750.40)
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Exhibit C



Kelley Blue Book

THE TRUSTED RESOURCE

195 Technology Drive, Irvine, California 92614

Phone (800) BLUE BOOK

(949) 770-7011

Fax (949) 837-9011

2000 CHEVROLET/GMC TRUCKS

Body Type VIN W.B. Wt. Lbs. Wt. Wt. Sup. Est.

V8 6.5L Turbo Diesel F 8000 11350

CHRYSLER VANS

1993 CHRYSLER - Use Older Car Guide. See p. 2

1994 CHRYSLER VAN - (1 or 3) C4 - (H54L) - R - #

TOWN & COUNTRY - V6 - Truck Equipment Schedule T3

Minivan H54L 119 3980 27844 8000 11350

5 Passenger (450) (600)

W/ Rear Air Conditioning (275) (365)

AWD 600 800

1995 CHRYSLER VAN - (1 or 3) C4 - (H54L) - S - #

TOWN & COUNTRY - V6 - Truck Equipment Schedule T3

Minivan H54L 119 3980 28340 9375 12900

5 Passenger (525) (700)

W/ Rear Air Conditioning (225) (435)

AWD 600 935

1996 CHRYSLER VAN - 1C4 - (P55R) - T - #

TOWN & COUNTRY - V6 - Truck Equipment Schedule T3

LX Minivan P55R 112 3879 28070 14950 19100

LX Minivan P54R 119 4282 28808 17550 19000

LX Minivan P54L 119 4184 30805 14000 18300

5 Passenger (575) (795)

W/ Quad Seating (275) (365)

W/ 2nd Sliding Door (525) (835)

W/ Rear Air Conditioning (375) (500)

1997 CHRYSLER VAN - 1C4(P55R) - V - #

TOWN & COUNTRY - V6 - Truck Equipment Schedule T3

SX Minivan P55R 112 3879 28070 14950 19100

LX Minivan P54R 119 4282 28808 17550 19000

LX Minivan P54L 119 4184 30805 14000 18300

5 Passenger (575) (795)

W/ Quad Seating (275) (365)

W/ 2nd Sliding Door (525) (835)

W/ Rear Air Conditioning (375) (500)

1998 CHRYSLER VAN - 1C4(P55R) - W - #

TOWN & COUNTRY - V6 - Truck Equipment Schedule T3

SX Minivan P55R 112 3879 28070 14950 19100

LX Minivan P54R 119 4282 28808 17550 19000

LX Minivan P54L 119 4184 30805 14000 18300

5 Passenger (575) (795)

W/ Quad Seating (275) (365)

W/ 2nd Sliding Door (525) (835)

W/ Rear Air Conditioning (375) (500)

196 DEDUCT FOR RECONDITIONING

0900A

1998 CHRYSLER VANS

Body Type VIN W.B. Wt. Lbs. Wt. Wt. Sup. Est.

AWD T 925 1235

1999 CHRYSLER VAN - 1C4(P55R) - X - #

TOWN & COUNTRY - V6 - Truck Equipment Schedule T3

SX Minivan P55R 112 3879 28070 14950 19100

LX Minivan P54R 119 4282 28808 17550 19000

LX Minivan P54L 119 4184 30805 14000 18300

Limited Minivan P54L 119 4184 30805 14000 18300

W/ Rear Air Conditioning (450) (600)

AWD T 1000 1235

2000 CHRYSLER VAN - 1C4(J253) - Y - #

VOYAGER - V6 - Truck Equipment Schedule T1

Minivan 4D J253 113 3535 20889 15350 18000

SX Minivan 4D J453 113 3711 23840 18350 19150

Grand Minivan 4D J243 118 3896 22045 16550 19400

Grand Minivan 4D J443 118 3812 24555 17450 20450

5 Passenger (775) (1035)

W/ 2nd Sliding Door (825) (1100)

4-Cyl. 2.4 Liter B (1490) (1935)

TOWN & COUNTRY - V6 - Truck Equipment Schedule T3

LX Minivan P44R 119 4044 26850 22600 26300

LX Minivan P44L 119 4044 31630 23400 27200

Limited Minivan P44L 119 4044 34855 24900 29000

W/ Rear Air Conditioning (475) (635)

AWD T 1075 1435

1993 DODGE/PLYM - Use Older Car Guide. See p. 2

1994 DODGE/PLYM - (1 or 3) B or P (4 or 7) - (H11K) - R

CARAVAN C/V - 4-Cyl. - Truck Equipment Schedule T2

Cargo Minivan H11K 112 3070 14972 8825 5850

V6 3.0 Liter 3 450 600

CARAVAN C/V - V6 - Truck Equipment Schedule T2

Extended Minivan H14B 118 3263 17426 4575 7050

CARAVAN/VOYAGER - 4-Cyl. - Truck Equipment Schedule T1

Minivan H25K 112 17136 4475 6925

5 Passenger (450) (600)

V6 3.0 Liter 3 450 600

CARAVAN/VOYAGER - V6 - Truck Equipment Schedule T1

SX Minivan H463 112 18113 5025 7600

LX Minivan H563 112 20223 5600 8575

SE/LX Minivan H553 112 23230 5525 8750

Grand Minivan H243 119 19383 5550 8775

1998 CHRYSLER VAN - 1C4(P55R) - W - #

TOWN & COUNTRY - V6 - Truck Equipment Schedule T3

SX Minivan P55R 112 3879 28070 14950 19100

LX Minivan P54R 119 4282 28808 17550 19000

LX Minivan P54L 119 4184 30805 14000 18300

5 Passenger (575) (795)

W/ Quad Seating (275) (365)

W/ 2nd Sliding Door (525) (835)

W/ Rear Air Conditioning (375) (500)

196 DEDUCT FOR RECONDITIONING

0900A SEE BACK PAGES FOR TRUCK EQUIP 197

To Whom It May Concern:

This is to certify that this is a copy from the September-October 2000 Western Edition of the Kelley Blue Book Official Used Car Guide 1994-2000 for a 1999 Chrysler Town & Country Limited.

Sincerely,

Elizabeth Lear-VanderYacht

Elizabeth Lear-VanderYacht

KELLEY BLUE BOOK

COMPLETED SEP 20 2005

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Exhibit D



Kelley Blue Book

THE TRUSTED RESOURCE

195 Technology Drive, Irvine, California 92618

Phone (800) BLUE BOOK

(949) 770 7714

Fax (949) 837 1914

1997 PORSCHE					
Body Type	VIN	Wt.	Lit.	Whls.	Sug. Ret.
1997 PORSCHE — WPO(CA298)—V-#					
BOXSTER — 6-Cyl. — Equipment Schedule 1					
WB, 95.1", 2.5 Liter					
Cabriolet 2D	CA298	2753	43085	32400	39800
Full Leather					425
Hard Top					565
Sport Touring Pkg.					600
Tiptronic Auto Trans.					1775
					2365
					1275
					1700
911 CARRERA — 4-Cyl. — Equipment Schedule 1					
WB, 89.5", 3.5 Liter					
Coupe 2D	AA299	3004	67063	48700	55000
9 Coupe 2D	AA299	3197	67063	49800	60300
Targa 2D	DA299	3004	74063	54700	66100
Cabriolet 2D	CA299	3064	78313	54300	65700
Full Leather					425
Aero Kit					565
Tiptronic Auto Trans.					1775
					2365
					1275
					1700
911 CARRERA 4 AWD — 4-Cyl. — Equipment Schedule 1					
WB, 89.5", 3.6 Liter					
48 Coupe 2D	AA299	3197	78313	54900	66400
Cabriolet 2D	CA299	3064	81863	58300	70400
Full Leather					425
Aero Kit					565
Tiptronic Auto Trans.					1775
					2365
911 TURBO — 4-Cyl. Turbo — Equipment Schedule 1					
WB, 89.5", 3.6 Liter					
Coupe 2D	AC299	3307	105785	89600	107400
9 Coupe 2D	AC299		105785		
1998 PORSCHE — WPO(CA298)—W-#					
BOXSTER — 6-Cyl. — Equipment Schedule 1					
WB, 95.2", 2.5 Liter					
Cabriolet 2D	CA298	2822	44318	36400	43600
Full Leather					475
Hard Top					625
Sport Touring Pkg.					1850
Tiptronic Auto Trans.					1400
					1885
911 CARRERA — 4-Cyl. — Equipment Schedule 1					
WB, 89.4", 3.0 Liter					
9 Coupe 2D	AA299	3084	67461	56000	66300
Targa 2D	DA299	3064	74461	61400	72500
Cabriolet 2D	CA299	3064	78711	60900	72000
Full Leather					475
Aero Kit					625
Tiptronic Auto Trans.					1850
					1400
					1865
911 CARRERA 4 AWD — 4-Cyl. — Equipment Schedule 1					
WB, 89.4", 3.0 Liter					
48 Coupe 2D	AA299	3210	76806		
1998 PORSCHE — WPO(CA298)—X-#					
BOXSTER — 6-Cyl. — Equipment Schedule 1					
WB, 95.2", 2.5 Liter					
Cabriolet 2D	CA298	2786	44318	39500	45700
Full Leather					525
Hard Top					700
Sport Touring Pkg.					850
Tiptronic Auto Trans.					1525
					2035
911 CARRERA — 4-Cyl. — Equipment Schedule 1					
WB, 89.6", 3.4 Liter					
Coupe 2D	AA299	2910	70615	61200	70300
Cabriolet 2D	CA299	3010	80245	64400	76400
Full Leather					825
Aero Kit					700
Tiptronic Auto Trans.					1925
					2565
					1525
					2035
911 CARRERA 4 AWD — 4-Cyl. — Equipment Schedule 1					
WB, 89.6", 3.4 Liter					
Coupe 2D	AA299	3031	75980		
Cabriolet 2D	CA299	3031	85420		
Full Leather					
Aero Kit					
Tiptronic Auto Trans.					
2000 PORSCHE — WPO(CA298)—Y-#					
BOXSTER — 6-Cyl. — Equipment Schedule 1					
WB, 95.8", 2.7 Liter, 3.3 Liter					
Cabriolet 2D	CA298	2778	44748		
8 Cabriolet 2D	OB298	2855	83245		
Full Leather					
Hard Top					
Sport Touring Pkg.					
Tiptronic Auto Trans.					
911 CARRERA — 4-Cyl. — Equipment Schedule 1					
WB, 89.6", 3.4 Liter					
Coupe 2D	AA299	2910	71875		
Cabriolet 2D	CA299	3010	80705		
Full Leather					
Aero Kit					
Tiptronic Auto Trans.					
911 CARRERA 4 AWD — 4-Cyl. — Equipment Schedule 1					
WB, 89.6", 3.4 Liter					
Coupe 2D	AA299	2910	76806		

44 DEDUCT FOR RECONDITIONING

0906A

0906A

EQUIP. & MILEAGE PAGE 8 TO 21 145

To Whom It May Concern:

This is to certify that this is a copy from the September-October 2000 Western Edition of the Kelley Blue Book Official Used Car Guide 1994-2000 for a 2000 Porsche 911 Carrera Cabriolet 2D.

Sincerely,

Elizabeth Lear-VanderYacht
 Elizabeth Lear-VanderYacht
 KELLEY BLUE BOOK

COMPLETED SEP 20 2005

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Exhibit E



Kelley Blue Book

THE TRUSTED RESOURCE

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(949) 770-7734

Fax (949) 837-1934

1995 ACURA

Body Type	VIN	Wh.	Li.	Whls.	Seq. Ref.
GS-R Sport Coupe 2D	DC238	2687	30770	9250	12750
Manual Trans (Sedan)	3.5			(225)	(300)

TL-5 Cyl.—Equipment Schedule 1					
WB 111.8" 2.5 Liter					
2.5 Sedan 4D	UA265	3252	30370	11550	15600

LEGEND—V6—Equipment Schedule 1					
WB 111.4" 114.5" (4D); 3.2 Liter					
L Sedan 4D	KA768	3580	35220	15000	19850
L Coupe 4D	KA338	3580	35850	15850	20800
SL Sedan 4D	KA768	3580	35220	15300	20200
SL Coupe 4D	KA767	3580	40150	15450	20600
GS Coupe 4D	KA237	3585	35600	18250	21400
GS Sedan 4D	KA768	3615	42420	18150	21300
Manual Trans (Sedan)	7.5			(575)	(765)

NSX-T V6—Equipment Schedule 2					
WB 88.6" 3.0 Liter					
Targa 2D	NA128	3208	88225	42200	52500

1996 ACURA — JH4(DB764)—T-#

INTEGRA—4 Cyl.—Equipment Schedule 3					
WB 101.2" 103.1" (4D); 1.8 Liter					
RS Sedan 4D	DB764	3970	13080	9150	12450
RS Sport Coupe 2D	DC444	3970	17320	9300	12600
LS Sedan 4D	DB765	3780	10870	9775	13200
LS Sport Coupe 2D	DC445	3985	20070	9950	13400
Special Ed Sedan 4D	DB766	3780	22370	9900	13350
Special Ed Coupe 2D	DC446	3985	21820	10100	13500
GS-R Sedan 4D	DB858	3785	21820	10400	13950
GS-R Sport Coupe 2D	DC238	3697	21820	10500	14200
Manual Trans (Sedan)	3.5			(250)	(335)

TL-5 Cyl.—Equipment Schedule 1					
WB 111.8" 2.5 Liter					
2.5 Sedan 4D	UA265	3252	30370	13500	17700

TL-V6—Equipment Schedule 1					
WB 111.8" 3.2 Liter					
3.2 Sedan 4D	UA365	3481	35920	14850	19300

SL-V6—Equipment Schedule 1					
WB 114.6" 3.5 Liter					
3.5 Sedan 4D	KA064	3880	41435	18000	25300
Traction Control	0.6			425	585

NSX-V6—Equipment Schedule 2					
WB 88.6" 3.0 Liter					
Sport Coupe 2D	NA125	3109	83725	43500	53900
Targa 2D	NA126	3208	87725	47800	59100

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0700A

1997 ACURA

Body Type	VIN	Wh.	Li.	Whls.	Seq. Ref.
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1997 ACURA — JH4(DC444)—V-#

INTEGRA—4 Cyl.—Equipment Schedule 3					
WB 101.2" 103.1" (4D); 1.8 Liter					
RS Sport Coupe 2D	DC444	3970	17320	10800	14200
LS Sedan 4D	DB765	3780	20855	11350	14950
LS Sport Coupe 2D	DC445	3985	20855	11850	15100
GS Sedan 4D	DB768	3707	22385	11750	15350
GS Sport Coupe 2D	DC446	3980	21835	11950	15550
GS-R Sedan 4D	DB858	3765	21835	12000	15650
GS-R Sport Coupe 2D	DC238	3697	21835	12200	15850
Type R Sport Coupe 2D	DC238	2000	23535		
Manual Trans (Sedan)	3.5			(275)	(365)

CL-4 Cyl.—Equipment Schedule 1					
WB 106.3" 2.2 Liter					
2.2 Coupe 2D	YA125	3064	24305	13350	17200
Manual Trans				(550)	(735)

CL-V6—Equipment Schedule 1					
WB 106.3" 3.0 Liter					
3.0 Coupe 2D	YA225	3219	28895	14500	18600

TL-5 Cyl.—Equipment Schedule 1					
WB 111.8" 2.5 Liter					
2.5 Sedan 4D	UA265	3252	30835	15750	20100

TL-V6—Equipment Schedule 1					
WB 111.8" 3.2 Liter					
3.2 Sedan 4D	UA365	3481	35355	17250	21800
Traction Control				475	635

SL-V6—Equipment Schedule 1					
WB 114.6" 3.5 Liter					
3.5 Sedan 4D	KA064	3588	41435	22700	28300
Traction Control				475	635

NSX-V6—Equipment Schedule 2					
WB 88.6" 3.0 Liter					
Sport Coupe 2D	NA123	3069	84725	49100	59500
Targa 2D	NA126	3164	88725	53900	65200

1998 ACURA — JH4(DC444)—W-#

INTEGRA—4 Cyl.—Equipment Schedule 3					
WB 101.2" 103.1" (4D); 1.8 Liter					
RS Sport Coupe 2D	DC444	2529	17435	12550	16000
LS Sedan 4D	DB766	2727	21235	13150	16700
LS Sport Coupe 2D	DC445	2642	20435	13350	16950
GS Sedan 4D	DB768	2718	22635	13550	17150
GS Sport Coupe 2D	DC446	2633	22085	13750	17400
GS-R Sedan 4D	DB858	2758	22085	13900	17480
GS-R Sport Coupe 2D	DC238	2672	21735	14050	17750

EQUIP & MILEAGE PAGE 8 TO 21 25

To Whom It May Concern:

This is to certify that this is a copy from the September-October 2000 Western Edition of the Kelley Blue Book Official Used Car Guide 1994-2000 for a 1995 Acura Legend L Sedan 4D.

Sincerely,

Elizabeth Lear-VanderYacht
 Elizabeth Lear-VanderYacht
 KELLEY BLUE BOOK

COMPLETED SEP 20 2005

DAVID BUTLER				
RETIREMENT PLAN CONTRIBUTIONS				
Sr. No.	EMPLOYER NAME	Year	Salary Reduction Amount	Reference
A	NETWORK SYSTEMS CORP.			
	From W-2's	1988	0.00	RA1
		1989	3,810.53	RA2
		1990	4,462.90	RA3
		1991	7,477.79	RA4
		1992	5,685.26	RA5
			21,436.48	
	Distribution on 1099-R Complete Distribution		30,644.61	RA6
B	FORE SYSTEMS, INC.	1992	0.00	RB1
	From W-2's	1993	0.00	RB2- RB11
		1993	2,645.84	RB12
		1994	9,187.50	RB13
		1995	5,137.50	RB14
	FORE SYSTEMS FEDERAL INC.	1995	4,102.50	RB15
	FORE SYSTEMS FEDERAL INC.	1996	9,500.00	RB16-RB19
	FORE SYSTEMS INC.	1997	9,500.00	RB20
	BERKELEY NETWORKS, INC.	1998	10,000.00	RB21- RB21A
			50,073.34	RB22 - RB36
C	TRINET EMPLOYER GROUP INC.	1999	8,970.81	RC1
	From W-2			
D	FAST FORWARD NETWORKS, INC.	2000	0.00	RD1
	From W-2			
KRISTIN BUTLER				
RETIREMENT PLAN CONTRIBUTIONS				
Sr. No.	EMPLOYER NAME	Year	Salary Reduction Amount	Reference
E	IBM	1988	826.54	RE1
	From W-2's	1989	2,172.86	RE2
		1990	372.44	RE3
		1991	0.00	RE4
		1992	1,979.54	RE5
		1993	3,581.53	RE6
		1994	713.68	RE7
			9,646.59	
F	LORAL FEDERAL SYSTEMS			
	From W-2's	1994	1,143.71	RF1
	Total		10,790.30	RF2

RA

NETWORK SYSTEMS CORPORATION 7600 BOONE AVE N BROOKLYN PARK MN 55428 61-1231031		585 — Dept. 1988 Year		SIT-EIN 411231031		OMB No. 1545-0006 Form W-2 Wage and Tax Statement	
JDB		000089		411231031		Copy B - For the employer's FEDERAL TAX RETURN Department of the Treasury, Internal Revenue Service Washington, D.C. 20548-0006	
007-00-0150		6357-91		3569.40		2675.78	
DAVID M. WUTER 12425 TRIPLE CROWN ROAD GAITHERSBURG MD 20878		2675.78		3569.40		60-HW509	
7.51		1.45		6.06			

RAI

W-2 Federal Filing Copy

Form W-2 Wage and Tax Statement 1989 OMB NO. 1545-0008
 Copy B to be filed with employee's FEDERAL Income Tax return.
 DEPARTMENT OF THE TREASURY - INTERNAL REVENUE SERVICE
 THIS INFORMATION IS BEING FURNISHED TO THE IRS AND
 APPROPRIATE STATE OFFICIALS

1. CONTROL NUMBER		DEPARTMENT	CORP	EMPLOYER USE ONLY	
000089 JDB		559	AAAA	A	846
2. EMPLOYER'S NAME, ADDRESS AND ZIP CODE					
NETWORK SYSTEMS CORPORATION 7600 BOONE AVE N BROOKLYN PARK MN 55428					
3. EMPLOYER'S I.D. NUMBER			4. EMPLOYER'S STATE I.D. NUMBER		
41-1231031			0266858 7		
5. STATUTORY EMPLOYEE	DECEASED	PENSION PLAN	LEGAL REP.	542 EMP	DEFERRED COMP.
		X			X
6. ALLOCATED TIPS			7. ADVANCE EIC PAYMENT		
8. EMPLOYER'S SOC. SEC. NUMBER			9. FEDERAL INCOME TAX WITHHELD		
067-60-8153			10399.58		
11. SOCIAL SECURITY TAX WITHHELD			10. WAGES, TIPS, OTHER COMPENSATION		
3604.80			59698.27		
12. EMPLOYEE'S NAME, ADDRESS AND ZIP CODE					
DAVID W. BUTLER 12429 TRIPLE CROWN ROAD GAITHERSBURG, MD 20878					
13. SOCIAL SECURITY WAGES			14. SOCIAL SECURITY TIPS		
48000.00					
15.			16A. PRINCE BENEFITS INCL. IN BOX 10		
3810.53 401K					
17. STATE INCOME TAX			20. LOCAL INCOME TAX		
4087.23					
18. STATE WAGES, TIPS, ETC.			21. LOCAL WAGES, TIPS, ETC.		
59698.27					
19. NAME OF STATE			22. NAME OF LOCALITY		
MD MW509			RAP		

W-2 Federal Filing Copy					
Form W-2 Wage and Tax Statement 1990 OMB No. 1545-0045 Copy B to be filed with employee's FEDERAL Income Tax Return. Department of the Treasury, Internal Revenue Service This information is being furnished to the IRS and appropriate State office					
1 Control Number	Dept.	Corp.	Employer use only		
000089 JDB	559	AAAA	A	629	
2 Employer's name, address, and ZIP code					
NETWORK SYSTEMS CORPORATION 7800 BOONE AVE N BROOKLYN PARK MN 55428					
3 Employer's ID number					
41-1231031					
4 Employer's state ID number			5 Employee's SSA number		
0266858 7			087-60-8153		
6 Stat Emp.	Deceased	Pension plan	Legal rep.	402 emp.	Deferred com.
		X			X
7 Allocated tips			8 Advance EIC payment		
9 Federal income tax			10 Wages, tips, other comp.		
12,261.09			69,194.80		
11 Social Security tax			12 Social Security wages		
3,924.45			51,300.00		
13 Social Security tips			14 Nonqualified plans		
15 Dependent care benefits			16 Fringe benefits incl. in Box 10		
17			18 Other		
D 4462.90					
19 Employee's name, address and ZIP code					
DAVID W. BUTLER 12429 TRIPLE CROWN ROAD GAITHERSBURG, MD 20878					
24 State income tax 25 State wages, tips 26 Name of state					

RA3

W-2 Employee Reference Copy
 Form W-2 Wage and Tax Statement 1991 OMB No. 1545-0046
 Copy C for Employee's Records.
 Department of the Treasury-Internal Revenue Service
 This information is being furnished to the IRS and appropriate State officials.

Control Number 000089 JDB	Dept. 554	Corp. A	Employer use only 597
------------------------------	--------------	------------	--------------------------

Employer's name, address, and ZIP code
NETWORK SYSTEMS CORPORATION
7800 BOONE AVE N
BROOKLYN PARK MN 55428

Employer's ID number 41-1231031	Batch #333
------------------------------------	------------

Employer's state ID number 0268858 7	5 Employee's SSA number 067-60-8153
---	--

Stat Emp. <input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Pension plan <input checked="" type="checkbox"/>	Legal rep. <input type="checkbox"/> 942 emp. <input type="checkbox"/> Deferral comp. <input checked="" type="checkbox"/>
--	--

Allocated tips	8 Advance EIC payment
----------------	-----------------------

Federal income tax withheld 18488.77	10 Wages, tips, other comp. 99248.90
---	---

Social Security tax withheld 3310.80	12 Social Security wages 53400.00
---	--------------------------------------

Social Security tips	14 Medicare wages and tips 108765.19
----------------------	---

Medicare tax withheld 1577.10	16 Nonqualified plans
----------------------------------	-----------------------

See instrs. for Box 17 D 7477.79	18 Other
-------------------------------------	----------

Employer's name, address and ZIP code
DAVID W. BUTLER
7213 MEADOWWOOD WAY
CLARKSVILLE, MD 21029

Dependent care benefits	23 Benefits included in Box 10
-------------------------	--------------------------------

State income tax 7106.02	25 State wages, tips 99248.90	26 Name of state MD MW509
-----------------------------	----------------------------------	------------------------------

Local income tax	28 Local wages, tips	29 Name of locality
------------------	----------------------	---------------------

1991 W-2 and EARNINGS SUMMARY

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 1991 paystub plus any adjustments submitted by your employer.

Gross Pay	108862.87	Social Security Tax Withheld Box 11 of W-2	3310.80	MD State Income Tax Box 24 of W-2	7106.02
Fed. Income Tax Withheld Box 9 of W-2	18488.77	Medicare Tax Withheld Box 15 of W-2	1577.10	SUI/SDI Box 18 of W-2	

2. Your Gross Pay Was Adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 10 of W-2	Social Security Wages Box 12 of W-2	Medicare Wages Box 14 of W-2	MD State Wages, Tips, Etc. Box 25 of W-2
Gross Pay	108,862.87	108,862.87	108,862.87	108,862.87
Less Misc. Non Taxable Comp.	2,136.18	97.68	97.68	2,136.18
Less 401(k) (D-Box 17)	7,477.79	N/A	N/A	7,477.79
Wages Over Limit	N/A	55,365.19	N/A	N/A
Reported W-2 Wages	89,248.90	53,400.00	108,765.19	99,248.90

3. Employee W-4 Profile To change your Employee W-4 Profile information, file a new W-4 with your payroll.

DAVID W. BUTLER
7213 MEADOWWOOD WAY
CLARKSVILLE, MD 21029

Social Security Number: 067-60-8153
 Marital Status: MARRIED

Exemptions/Allowances:

FEDERAL: 0
 STATE: 0

RA4

1992 W-2 and EARNINGS SUMMARY

W-2 Employer Reference			
W-2 Wage and Tax Statement 1992 OMB No. 1545-0008 / C for Employee's Records. Department of the Treasury-Internal Revenue Service Information is being furnished to the IRS and appropriate State officials.			
Control Number	Dept.	Corp.	Employer use only
0089 JDB	554		T 579
Employer's name, address, and ZIP code			
NETWORK SYSTEMS CORPORATION 600 BOONE AVE N BROOKLYN PARK MN 55428			
Employer's ID number		Batch #286	
41-1231031			
Employer's state ID number	5	Employee's SSA number	
1266858 7		067-60-8153	
Ret. Emp.	Deceased	Pension plan	Legal rep.
		X	1942 emp.
			Deferred comp.
			X
Allocated tips		8 Advance EIC payment	
Federal income tax withheld	10	Wages, tips, other comp.	
16459.92		94287.45	
Social Security tax withheld	12	Social Security wages	
3441.00		55500.00	
Social Security tips	14	Medicare wages and tips	
		101141.05	
Medicare tax withheld	16	Nonqualified plans	
1466.55			
See Instrs. for Box 17	18	Other	
D 5685.26			
Employee's name, address and ZIP code			
DAVID W. BUTLER 7213 MEADOWWOOD WAY CLARKSVILLE MD 21029			
Dependent care benefits	23	Benefits included in Box 10	
State income tax	25	State wages, tips	26 Name of state

Information on this Summary section is provided for your use only. It is not to be used for any other purpose.
The following information is provided for your use only. It is not to be used for any other purpose.

Gross Pay	101,303.68	Social Security	5,685.26	MD State	1,330.97
		Tax Withheld		Box 24 of W-2	
		Box 11 of W-2		Summ.	
Federal income	16,459.92	Medicare tax	1,466.55	Box 16 of W-2	
Tax Withheld		Withheld		Box 15 of W-2	
Box 9 of W-2					

2. Your Gross Pay Was Adjusted as follows to produce your W-2 Statement

	Wages, Tips, other Compensation Box 10 of W-2	Social Security Wages Box 12 of W-2	Medicare Wages Box 14 of W-2	MD State Wages, Tips, Etc. Box 25 of W-2
Gross Pay	101,303.68	101,303.68	101,303.68	101,303.68
Less Misc. Non Taxable Comp.	1,330.97	162.63	162.63	1,330.97
Less 401(k) (D-Box 17)	5,685.26	N/A	N/A	5,685.26
Wages Over Limit	N/A	45,841.05	N/A	N/A
Reported W-2 Wages	94,287.45	55,500.00	101,141.05	94,287.45

3. Employee W-4 Profile To change your Employee W-4 Profile Information, file a new W-4 with your payroll dep

DAVID W. BUTLER
7213 MEADOWWOOD WAY
CLARKSVILLE MD 21029

Social Security Number: 067-60-8153
Marital Status: MARRIED

Exemptions/Allowances:

FEDERAL: 0
STATE: 0

RA5

<input type="checkbox"/> VOID <input type="checkbox"/> CORRECTED		OMB No. 1545-0119 1993		Distribution Pensions, An Retire Profit- Plan Ins Contrac	
PAYER'S name, street address, city, state and ZIP code NETWORK SYSTEMS SAVINGS & STOCK TRUST FIRST TRUST COMPANY P O BOX 44488 ST PAUL MN 55164		1 Gross distribution \$ 3 0 6 4 4 . 2 5			
		2a Taxable amount \$ 3 0 6 4 4 . 2 5			
		2b Taxable amount not determined <input type="checkbox"/>	Total distribution <input checked="" type="checkbox"/>		
PAYER'S Federal identification number 41-5627157-0	RECIPIENT'S identification number 087-50-8153	3 Capital gain (included in box 2a) \$	4 Federal income tax withheld \$ 6 1 2 8 . 9 2		Sta Tax Dep
RECIPIENT'S name, street address, city, state and ZIP code DAVID WENNER BUTLER 7213 MEADOWOOD WAY CLARKSVILLE MD 21029		5 Employee contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$		
		7 Distribution code 1	8 Other <input type="checkbox"/>	%	
		9 Your percentage of total distribution %			
Account number (optional) 21735480 002		10 State income tax withheld \$. 0 0	11 State/Payer's state number MN	12 State distri \$	
		13 Local income tax withheld \$	14 Name of locality	15 Local distri \$	

Form 1099-R

Department of the Treasury - Internal Revenue

RAG

09 05 12:20p

Dave Butler

NAME OF CUSTODIAN _____
 ADDRESS IBM MID-ATLANTIC EFCU
 CITY/STATE/ZIP CODE P.O. BOX 669
 COUNTY/PHONE GAITHERSBURG, MD 20884-0609

IRA**SIMPLIFIER™****INDIVIDUAL RETIREMENT ACCOUNT APPLICATION****ACCOUNTHOLDER INFORMATION**

Check here if this is an amendment to an existing IRA.

☐ Amendment

Type of IRA Contribution:

☐ Regular☐ Spousal☐ SEP☒ Rollover☐ Transfer

ACCOUNT NO. 040 282 003 DATE 8/3/93
 DEPOSIT AMOUNT: \$ 30,644.62 MADE FOR TAX YEAR 1993
 NAME David Wenner Butler
 HOME ADDRESS 7213 Meadowood Way
 CITY Clarksville
 STATE MD ZIP CODE 21029
 HOME PHONE 301, 498-7949 BUSINESS PHONE (703) 715-3093
 SOCIAL SECURITY NO. 067-60-8153 DATE OF BIRTH 8-7-60

DESIGNATION OF BENEFICIARY(IES)

The following individual(s) shall be my beneficiary(ies). Please check Primary or Contingent for each individual beneficiary.

If neither is checked, the individual will be deemed to be a primary beneficiary.

If any primary or contingent beneficiary dies before me, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining beneficiary(ies) shall be increased on a pro rata basis. If no primary beneficiary(ies) survives me, the contingent beneficiary(ies) shall acquire the designated share of my IRA.

Primary ☒ Contingent ☐

NAME Kristin G. Butler SOCIAL SECURITY NO. 089-38-0853
 ADDRESS 7213 Meadowood Way DATE OF BIRTH 9-18-62 SHARE 100 %
Clarksville, MD 21029 RELATIONSHIP wife

Primary ☐ Contingent ☐

NAME _____ SOCIAL SECURITY NO. _____
 ADDRESS _____ DATE OF BIRTH _____ SHARE _____ %
 RELATIONSHIP _____

Primary ☐ Contingent ☐

NAME _____ SOCIAL SECURITY NO. _____
 ADDRESS _____ DATE OF BIRTH _____ SHARE _____ %
 RELATIONSHIP _____

Primary ☐ Contingent ☐

NAME _____ SOCIAL SECURITY NO. _____
 ADDRESS _____ DATE OF BIRTH _____ SHARE _____ %
 RELATIONSHIP _____

USAL CONSENT

For use in community or marital property states

This section should be reviewed if either the trust or the residence of the accountholder is located in a community or marital property state and the accountholder is married. Due to the important tax consequences of giving up one's community property interest, individuals signing this section should consult with a competent tax or legal advisor.

I am the spouse of the above-named accountholder. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Due to the important tax consequences of giving up my interest in this IRA, I have been advised to see a tax professional.

I hereby give the accountholder any interest I have in the funds or property deposited in this IRA and consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by the Custodian.

SIGNATURE OF SPOUSE _____ DATE _____

SIGNATURE OF WITNESS _____ DATE _____

SIGNATURES

Important: Please read before signing.

I understand the eligibility requirements for the type of IRA deposit I am making and I state that I do qualify to make the deposit. I have received a copy of the Application, 5305-A Plan Agreement, Financial Disclosure and Disclosure Statement. I understand that the terms and conditions which apply to this Individual Retirement Account are contained in this Application and the 5305-A Plan Agreement. I agree to be bound by those terms and conditions. Within seven (7) days from the date I open this IRA I may revoke it without penalty by mailing or delivering a written notice to the Custodian.

I assume complete responsibility for:

1. Determining that I am eligible for an IRA each year I make a contribution.
2. Insuring that all contributions I make are within the limits set forth by the tax laws.
3. The tax consequences of any contribution (including rollover contributions) and distributions.

ACCOUNTHOLDER David W. Butler DATE 8/3/93WITNESS [Signature] DATE 8/3/93

ACCOUNTHOLDER COPY

RAG.1

09 05 12:21p

Dave Butler

6505291864

P. 11

IRA Rollover Certification

Before completing, please read the Rules and Conditions Applicable to Rollovers on the back of this form.

IRA HOLDER

David Wenner Butler

ACCOUNT NO.

IRA TO IRA ROLLOVER**PART 1. TIMELINESS - 60 Days**

Date You Received the Plan Funds or Property: _____

☐ YES ☐ NO Are the funds or property you received from the distributing IRA being deposited within 60 days after you received them?**PART 2. TWELVE MONTH RESTRICTION**☐ YES ☐ NO ☐ Not Applicable Have 12 months passed since you last received a distribution from the distributing IRA that was then rolled over?☐ YES ☐ NO ☐ Not Applicable Have 12 months passed since the assets involved in this transaction were previously rolled over from one IRA to another?

If you have answered YES or Not Applicable, please read and complete the 70½ Rollover Restriction and Signature sections.

Caution About Commingling Funds: If you roll funds which originated in a conduit IRA into another IRA which at any time contains assets from other sources, you cannot roll those funds into a qualified plan or tax sheltered annuity in the future.

QUALIFIED RETIREMENT PLAN OR TAX SHELTERED ANNUITY TO IRA ROLLOVER**PART 1. ELIGIBLE PERSON** Please indicate your status in the plan from which you received the funds or the property you intend to roll over.☒ A participant in the plan ☐ The surviving spouse beneficiary of a deceased participant☐ The alternate payee identified in a Qualified Domestic Relations Order

If you have selected one of the items above, please continue.

PART 2. ELIGIBLE PLAN Check one of the items below.

The plan from which you received the funds or the property which you intend to roll over was a

☐ Pension Plan (under IRC §401(a))☒ Profit Sharing Plan or IRC §401(k) Plan (under IRC §401(a))☐ Tax Sheltered Annuity (under IRC §403)

If you have selected one of the items above, please continue.

PART 3. ELIGIBLE ROLLOVER DISTRIBUTION Please answer all of the following questions.☐ YES ☒ NO Does the rollover deposit consist of all or any part of the plan balance to your credit OTHER THAN

1) a required minimum distribution made to you in your 70½ year or later, or

2) a distribution which is part of a series of substantially equal periodic payments?

☒ YES ☐ NO Does the distribution consist only of a return of voluntary deductible employee contributions?☐ YES ☒ NO Is the distribution the result of a qualified domestic relations order (QDRO)?

If you have answered YES to any one of the questions above, please continue.

PART 4. ELIGIBLE DEPOSIT Please answer all of the following questions.☒ YES ☐ NO Does the rollover deposit consist only of the amount of the funds or the property distributed, or the proceeds from the sale of the distributed property?☒ YES ☐ NO Does the rollover deposit consist only of employer contributions (including employee pre-tax deferrals), voluntary deductible employee contributions, tax-deferred earnings, or any combination thereof? If YES to both of the above items, please continue.☐ YES ☒ NO If you are the surviving spouse beneficiary of a deceased participant, do any of the funds being rolled over qualify for the Death Benefit Exclusion? If YES, those funds may not be rolled over.**PART 5. TIMELINESS - 60 Days**Date You Received the Plan Funds or Property: 8-6-93☐ YES ☐ NO Are the funds or property you received being deposited into an IRA within 60 days after you received them?

If YES, you have met the last of the five requirements. Please read and complete the 70½ Rollover Restriction and Signature sections below.

Caution About Commingling Funds: If you roll the funds over to an IRA which at any time contains payments or funds from other sources, you cannot roll the funds or the property back to another qualified plan or tax sheltered annuity.

70½ ROLLOVER RESTRICTION☐ YES ☒ NO Are you age 70½ or older in this calendar year? If YES, answer the following questions:☐ YES ☐ NO Have you satisfied your required minimum distribution from the distributing plan?

What is the date of birth of the oldest primary beneficiary of the distributing plan?

☐ YES ☐ NO Is the beneficiary of the distributing plan your spouse?☐ YES ☐ NO Have you elected to recalculate life expectancy on the distributing plan?**SIGNATURE**

I have read and understand the rollover rules and conditions on both sides of this form and I have met the requirements for making a rollover. Due to the important tax consequences of rolling over funds or property to an IRA, I have been advised to see a tax professional. All information provided by me is true and correct and may be relied on by the Custodian or Trustee. I assume full responsibility for this rollover transaction and will not hold the Trustee or Custodian liable for any adverse consequences that may result. I hereby irrevocably designate this contribution of

\$ 30,644.62 in funds or other property with a value of \$ 30,644.62 as a rollover contribution.

IRA HOLDER

David W. Butler

DATE

8/3/93

WITNESS

[Signature]

DATE

8/3/93#103 (12/92)
Financial Org.
- IRA Holder

©1992 Universal Pensions, Inc., Brainerd, MN 56401

RA6.2

09 05 12:20p

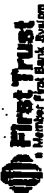
Dave Butler

6505291864

P.3

NETWORK SYSTEMS SAVINGS & STOCK TRUST
21736480 001

45831



First Trust
Member First Bank System
First Trust Center
P.O. Box 84468
St. Paul, MN 55164-0468

DATE
06-03-93

AMOUNT
\$*****36

PAY TO DAVID WENNER BUTLER
7213 MEADOWOOD WAY
CLARKSVILLE MN 21029

067-60-8153

First Trust National Association

4028200-3.0 0.36 08/03/93 1103

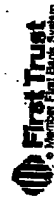
First Bank National Association
Minneapolis, MN 55480

<*>GEORGE BUDZYNSKI<*>

⑈458312⑈ ⑈091000022⑈ 801108363⑈

NETWORK SYSTEMS SAVINGS & STOCK TRUST
21736480 002

45831



First Trust
Member First Bank System
First Trust Center
P.O. Box 84468
St. Paul, MN 55164-0468

DATE
06-03-93

AMOUNT
\$***24,515.33

PAY TO DAVID WENNER BUTLER
7213 MEADOWOOD WAY
CLARKSVILLE MD 21029

067-60-8153

First Trust National Association

4028200-3.0 24,515.33 08/03/93 1103

First Bank National Association
Minneapolis, MN 55480

<*>GEORGE BUDZYNSKI<*>

⑈458330⑈ ⑈091000022⑈ 801108363⑈

KRISTIN G. BUTLER DAVID W. BUTLER 7213 MEADOWOOD WAY CLARKSVILLE, MD 21029		7-12110 8/3/93	289
PAY TO THE ORDER OF <u>Cash</u>		\$ <u>6,128.93</u>	
<u>six thousand one hundred twenty eight & 93/100</u>			
SIGNET BANK AC21PAT 052000016 Maryland Burtonville, MD			
MEMO <u>20% make up on TR rollover</u> 4028200-3.0 6,128.93 08/03/93 1103 ⑈052000016⑈ ⑈346⑈ 0850807⑈ 0289			

RA6.3

09 05 12:22p Dave Butler

6505291864

SEP 29 34 1103

Fidelity Investments

Check No. 150620 Date 11/26/03

1 150620 2 150620 3 150620 4 150620 5 150620

Total: 150620

FUND ACCOUNT NUMBER 1176139374

☐ PRIOR TAX YEAR IRA ☐ ROLLOVER

As is the case with your bank account, you should remember that additional investments by check cannot be withdrawn until the check has had sufficient time to clear. In most cases, this means that you should allow at least 7 days before requesting a withdrawal of an investment made by check. Each check invested must be at least \$50. Total investment must meet Fund's minimum.

NO CASH INVESTMENTS ACCEPTED.

(Name of Person Investing) David Butler

(Daytime Phone #) 714

(Registration of Account) IRA

Send additional investments to: Post Office Box 620024, Dallas, TX 75262-0024
Call 24 Hours a day 800-544-6666

Fidelity Investments

Check No. 117613 Date 11/26/03

1 117613 2 117613 3 117613 4 117613 5 117613

Total: 117613

FUND ACCOUNT NUMBER 1176139374

☐ PRIOR TAX YEAR IRA ☐ ROLLOVER

As is the case with your bank account, you should remember that additional investments by check cannot be withdrawn until the check has had sufficient time to clear. In most cases, this means that you should allow at least 7 days before requesting a withdrawal of an investment made by check. Each check invested must be at least \$50. Total investment must meet Fund's minimum.

NO CASH INVESTMENTS ACCEPTED.

(Name of Person Investing) David Butler

(Daytime Phone #) 714

(Registration of Account) IRA

Send additional investments to: Post Office Box 620024, Dallas, TX 75262-0024
Call 24 Hours a day 800-544-6666

SEC 022929

RA6.4

09 05 12:22p

Dave Butler

Fidelity IRA

Statement Date: December 31, 1994

Mutual Fund IRA Summary Statement and Form 5498

0758237
DAVID W BUTLER
7213 MEADOWOOD WAY
CLARKSVILLE MO 21029-1714

0408

Fidelity Trust Company
c/o Fidelity Investments Southwest Company
P.O. Box 650364
Dallas, TX 75265-0364
Fidelity Service Company (As Agent of FISW)
Tax I.D. #04-2467232

Your Social Security Number: 067-60-8153

Current IRA Portfolio

Fund Name	Account Number	Account Type	Shares	Price	Market Value
CONTRAFUND	0478134984	ROLLOVER	491.965	30.28	14,896.70
EMERGING GROWTH	0478134976	ROLLOVER	1,028.033	16.99	17,466.28

FAIR MARKET VALUE OF YOUR IRA PORTFOLIO ON 12/31/94

32,362.98

FAIR MARKET VALUE OF YOUR IRA PORTFOLIO ON 12/31/93

0.00

IRA Contribution Summary

Fund Name	Account Number	Account Type	Contribution Type	Contribution Amount
EMERGING GROWTH	0478134976	ROLLOVER	ROLLOVER	16,736.13

TRANSFERS TO FIDELITY IN 1994

15,000.00

OMB No. 1545-0747 FORM 5498	ROLLOVER IRA	1. Regular IRA contributions made in 1994 and 1995 for 1994 0.00	2. Rollover IRA contributions 16,736.13	4. Fair Market Value of account 32,362.98
		1. Regular IRA contributions made in 1994 and 1995 for 1994	2. Rollover IRA contributions	4. Fair Market Value of account
		1. Regular IRA contributions made in 1994 and 1995 for 1994	2. Rollover IRA contributions	4. Fair Market Value of account

Form 5498 is important tax information and is being furnished to the IRS. Please see instructions to participant on the back of this form.

PAGE 1 OF 1

A00005.6

SEC 022928

RA615

09 05 12:24p

Dave Butler

6505291864

p.17

Fidelity IRA

Statement Date: December 31, 1996

Mutual Fund IRA Summary Statement and Form 5498

0792092
DAVID W BUTLER
7213 MEADOWOOD WAY
CLARKSVILLE MD 21029-1714

1005

Fidelity Trust Company
c/o Fidelity Investments Southwest Company
P.O. Box 650364
Dallas, TX 75265-0364

Fidelity Service Co. (As Agent of FISW)
Tax I.D. #04-2467232

Your Social Security Number: 067-60-8153

Current IRA Portfolio

Fund Name	Account Number	Account Type	Shares	Price	Market Value
CONTRAFUND	0478134984	ROLLOVER	0.000	42.15	0.00
EMERGING GROWTH	0478134976	ROLLOVER	0.000	25.19	0.00

FAIR MARKET VALUE OF YOUR IRA PORTFOLIO ON 12/31/96
FAIR MARKET VALUE OF YOUR IRA PORTFOLIO ON 12/31/95

0.00
44,045.39

IRA Contribution Summary

Fund Name	Account Number	Account Type	Contribution Type	Contribution Amount

OMB No. 1545-0747 FORM 5498	ROLLOVER IRA	1. Regular IRA contributions made in 1996 and 1997 for 1996 0.00	2. Rollover IRA contributions 0.00	4. Fair Market Value of account 0.00
		1. Regular IRA contributions made in 1996 and 1997 for 1996	2. Rollover IRA contributions	4. Fair Market Value of account
		1. Regular IRA contributions made in 1996 and 1997 for 1996	2. Rollover IRA contributions	4. Fair Market Value of account

Form 5498 is important tax information and is being furnished to the IRS. Please see instructions to participant on the back of this form.

PAGE 1 OF 1

A0500498

SEC 022910

RA6.6

REMOVE AT PERFORATION AND RETAIN FOR YOUR RECORDS

NEW CIRCLE RECORDS
Federal Security Information, One Second Plaza, New York, NY 10037

Prudential Securities

1 3 2 1 2 2 0 1 0 4

[illegible][illegible]

SEC 023372

RA6.7

IRA
Application

Prudential Securities

PARTICIPANT INFORMATION

David W. Butler

7213 Meadowood Way Clarksville MD 20817

018107610

0167161081153

TFJ R36591 56

Date of Birth

Spouse's Date of Birth

DESIGNATION OF BENEFICIARY (Please attach a separate sheet if necessary)

Krista G. Butler Wife

Primary Beneficiary Relationship Secondary Beneficiary of Primary Beneficiary (also use various participant's Relationship)

9/5/62 059-38-0853

Date of Birth Spouse's Date of Birth

Mode of Payment: * As chosen by beneficiary Other (attach statement) ☐ Lump Sum Mode of Payment: As chosen by beneficiary Other (attach statement) ☐ Lump Sum

PARTICIPANT'S ACCEPTANCE

I appoint Prudential Securities Incorporated to serve as Custodian in accordance with the terms and conditions of the Prudential Securities IRA Custodial Account Agreement and hereby acknowledge that I have received and read the Disclosure Statement accompanying it. I understand that there are fees for this account. This IRA Adoption Agreement contains a pre-dispute arbitration clause found in Article IX Miscellaneous, section 3, Arbitration.

Signature of Participant: X Date: 1/8/96

ACCEPTANCE BY CUSTODIAN

The foregoing Application is hereby accepted by the Custodian this 27 day of Jan

1996 By (Custodian's Authorized Signature) Date: 1/27/96

This is a legal document. Please retain this Application with your other important papers.

DOC ID: 47

SEC 023371

RA6.8

December 16, 1997 - March 17, 1998

Customer Service 800-544-5555
TouchTone Xpress
Retirement Account Assistance 800-544-4774
Mutual Fund Account Services 800-544-6565
 Visit us online at www.fidelity.com

Well-Being

Account Summary

Income Summary
Tax-deductible
\$9,204.71

This Period	Year to Date
\$9,204.71	\$156.19

Holdings	Shares	Price per Share	Total Value
Fidelity Contrafund	653,234	\$51.62	\$33,718.94
Fidelity Emerging Growth	1,386,353	26.78	37,126.53
Total Value			\$70,845.47

Mutual Fund Activity

8/12/03

Price per Share

Transaction Amount:

Top Value

Fidelity Contraband
022/0532477577

12/16	Beginning
12/26	Income Reinvest
12/26	St Cap Gain Reinvest
12/26	Lt Cap Gain Reinvest
2/06	St Cap Gain Reinvest
2/06	Lt Cap Gain Reinvest

596.473

\$48.75

\$208.77

\$28,674.53

RA 6.9



Investment Report

December 16, 1997 - March 17, 1998

Mutual Fund T113274521 PRUDENTIAL SECURITIES INC CUSTODIAN FOR THE BENEFIT OF DAVID W BUTLER - IRATFJR36591

Transaction Details

Mutual Fund Activity		Date		Description	Shares	Price per Share	Transaction Amount	Total Value
Fidelity Emerging Growth 324/0532477569	3/17	Ending			663.234	\$61.62		\$33,719.94
	12/16	Beginning			1,090.554	\$28.94		\$31,560.63
	12/26	SI Cap Gain Reinvest			106.727	22.48	\$2,399.22	
	12/26	LI Cap Gain Reinvest			184.347	22.48	4,144.11	
	1/02	SI Cap Gain Reinvest			3.544	23.38	82.80	
	1/02	LI Cap Gain Reinvest			1.161	23.39	27.63	
	3/17	Ending			1,386.363	\$26.78		\$37,126.53

*** TOTAL PAGE.03 ***

RA6.10

Retirement Account ★

Prudential Securities Incorporated, a subsidiary of The Prudential Insurance Company of America, Newark, New Jersey

For The Period:
June 1 - June 30, 2000

Page 1 of 8

Account Number:
BBE-300814-L1

Total Account Net Worth

Priced Securities Value
Money Market Funds
Cash Balance

	Original	Current
	\$162,390.55	\$165,595.51
	\$941.66	\$3,698.52
	\$1.58	\$15.05

Total Net Worth

\$163,332.79 \$169,309.08

Gain (Loss) Summary

PLEASE REFER TO DETAILED SECTION

This Period Realized Gain (Loss)

\$440.00

March 07 To Date Realized Gain (Loss)

\$582.80

Unrealized Gain (Loss) As Of June 30

(\$316.05)

Income & Distributions

Money Fund Dividends
Dividends

	This Period	Year To Date
	\$6.85	\$121.52
	\$388.70	\$780.26

Total Income

\$395.55 \$881.78

Cash Activity Highlights

Funds Added
Funds Withdrawn

	This Period	Year To Date
	\$1.00	\$189,472.74
	\$1.00	\$1.00

Your Financial Advisor: RICHARDS & RAY
1130 CONNECTICUT AVENUE N. W.
ELEVENTH FLOOR
WASHINGTON DC 20036
sheldon_ray@prusec.com
douglas_richards@prusec.com

Phone: 202-861-4400

E-mail Address:

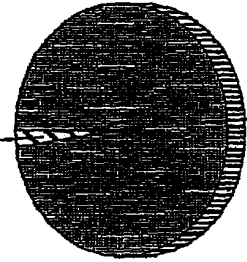
Your Branch Manager: FORREST E. WILLIAMS

PRUDENTIAL SECURITIES C/F
MR DAVID W BUTLER
IRA DTD 01/05/96
17370 SKYLINE BLVD
WOODSIDE CA 94062-3735

Trading authorization has been given to your Financial Advisor

Asset Composition

Money Mkt Funds-2.2%



Equities-97.8%

Please see reverse side

RA6.11

EMPLOYEE W-2 WAGE SUMMARY 1992

Your 1992 payroll adjustments are listed below. This chart indicates if they were included (+), excluded (-) or did not affect (N/A) your federal wages (Box 10) and your state wages on your W-2 statement.

FORE SYSTEMS INC. 1000 GAMMA DRIVE SUITE 504 PITTSBURGH, PA	5671	REGULAR WAGES	5833.33		
	15238	Voluntary Adjustments	Year to date Amount	Box 10 Wages	VA Wages
Federal withholding exemptions	M 0	SEP ACRUAL	408.33	N/A	N/A
VA withholding exemptions	M 0				

DAVID W BUTLER

Form W-2 Wage and Tax Statement 1992

EMPLOYEE REFERENCE COPY

1 Control number	Dept. of the Treasury - Internal Revenue Service OMB No. 1545-0008	3 Employer's identification number 25-1628117	4 Employer's state ID number 0015483296	5 Employee's social security number 067-60-8153
2 Employer's name, address, and ZIP code FORE SYSTEMS INC. 1000 GAMMA DRIVE SUITE 504 PITTSBURGH, PA 15238	5671	19 Employee's name, address, and ZIP code DAVID W BUTLER 7213 MEADOWOOD WAY CLARKSVILLE, MD 21029	17 See Instrs. for Form W-2	18 Other
6 Statutory employee	Declassified	7 Allocated tips	8 Advanced EIC payment	
9 Federal income tax withheld 1130.42	10 Wages, tips, other compensation 5833.33	11 Social security tax withheld 361.67	12 Social security wages 5833.33	22 Dependent care benefits
13 Social security tips	14 Medicare wages and tips 5833.33	15 Medicare tax withheld 84.58	16 Nonqualified plans	23 Benefits included in Box 10
State/local income tax 301.98	State/local wages, tips, etc. 5833.33	State/locality name VA	State/local income tax	State/local wages, tips, etc. RBI

ages, tips, other comp. 93224.50	2 Federal income tax withheld 20351.56
ocial Security wages 57600.00	4 Social Security tax withheld 3571.20
edicare wages and tips 93224.50	6 Medicare tax withheld 1351.77
Control Number 0090 EUK	Dept. T
Corp. T	Employer use only 17

Employer's name, address, and ZIP code

RE SYSTEMS INC
THORNHILL ROAD
BRENDLE PA 15086

Batch #493

Employer's FED ID number 25-1628117	d Employee's SSA number 067-60-8153
Social Security tips	8 Allocated tips
Advance EIC payment	10 Dependent care benefits
Nonqualified plans	12 Benefits included in Box 1
See Instrs. for Box 13	14 Other
Stat Emp. Decedent Pension plan	Legal rep. 842 emp. Deferred comp.

Employee's name, address, and ZIP code

VID W BUTLER
13 MEADOWOOD WAY
ARKSVILLE MD 21029

State Employer's State ID A 0015483296	17 State wages, tips, etc. 93224.50
State income tax 4959.13	19 Name of locality
Local wages, tips, etc.	21 Local income tax

Employee Reference Copy

N-2 Wage and Tax **1993**
Statement

C for Employer's Records.

OMB No. 1545-0008

1993 W-2 and EARNINGS SUMMARY

This Blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 1993 paystub plus any adjustments submitted by your employer.

Gross Pay	93,224.50	Social Security Tax Withheld Box 4 of W-2	3,571.20	VA: State Income Tax Box 18 of W-2 SUI/SDI Box 14 of W-2	4,959.13
Fed. Income Tax Withheld Box 2 of W-2	2,035.56	Medicare Tax Withheld Box 6 of W-2	1,351.77		

2. Your Gross Pay Was Adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	VA: State Wages, Tips, Etc. Box 17 of W-2
Gross Pay	93,224.50	93,224.50	93,224.50	93,224.50
Wages Over Limit	N/A	35,624.50	N/A	N/A
Reported W-2 Wages	93,224.50	57,600.00	93,224.50	93,224.50

3. Employee W-4 Profile To change your Employee W-4 Profile Information, file a new W-4 with your payroll dept

DAVID W BUTLER
7213 MEADOWOOD WAY
CLARKSVILLE MD 21029

Social Security Number: 067-60-8153
Marital Status: MARRIED

Exemptions/Allowances:

FEDERAL: 0
STATE: 0

RB2

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703-354-0677

COLLETTE

PAGE 01

FORE
S Y S T E M S

Employee Handbook

Fore Systems, Inc.
1000 Gamma Drive, Suite 504
Pittsburgh, PA 15238-2940

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Introduction

Introduction

Welcome to Fore Systems! This employee handbook is designed to provide information to you about Fore Systems' policies and procedures. It also describes the extensive benefits provided to you including medical insurance, vacation, and retirement benefits.

If you have any questions about this handbook or things missing from it, please don't hesitate to contact your supervisor, the personnel department, or an executive of the company.

Employment

Employment at Will

Employment at *Fore Systems, Inc.* is "at will". Employment can be terminated by either party at any time, and for any reason. This includes termination with or without cause, and with or without notice. Any oral statements, promises, or assurances to the contrary are not binding on the employer and should not be relied upon by the employee or job applicant. If you believe such assurances have been made, contact the personnel office for confirmation. The employer is not responsible for, and will not be bound by, any statements that are not reaffirmed in writing by the company's president, vice president, or personnel director.

Statements on the employment application, or in this handbook, training manuals, or other company documents, do not constitute or imply an employment contract and should not be relied upon by the employee or job applicant under any circumstances as assuring continued employment or superseding the company's "at will" employment policy.

Salary and Wages

Salary and Wages Policy

Employees are paid on either an hourly or a salaried basis according to the job being performed. An employee's wage or salary is determined by his or her qualifications, job performance, and length of service.

The normal or regular hours of work are eight hours per day or 40 hours per week. The normally scheduled workweek begins on Monday at 12.01 a.m. and terminates on Sunday at 12.00 midnight. The scheduled workday is eight hours of work and does not include any meal period.

Hourly-paid employees are entitled to overtime pay at the rate of one-and-a-half times their regular hourly rate. All work performed outside of the regular schedule of 40 hours per week is considered overtime.

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Benefits

Benefits

Bereavement Leave

Each eligible employee is entitled to up to three (3) days' paid leave in the event of death in the immediate family. The immediate family includes spouse, father, mother, son, daughter, brother, sister, mother-in-law, father-in-law.

Workers Compensation

Workers compensation provides statutory benefits for on-the-job injuries. All employees are covered upon reporting for work, and the entire cost of this coverage is paid by the company.

Health Insurance

Group health insurance is offered to each eligible employee effective on the first day of the calendar month following their employment, except that if the employment commences on the first day of the calendar month, coverage will begin on that day. The cost of the insurance is shared between *Fore Systems, Inc.* and the employee. The amount that *Fore Systems, Inc.* will contribute is either the actual payment required to be made to cover the employee or 75% of the highest rate payable under the same health plan (typically that for a family with children) whichever is lowest. (See appendix for coverage and rate information.)

Disability Benefits

Short-term and long-term disability benefits are offered to each eligible employee effective from the first day of the calendar month following their employment. (See appendix)

Life Insurance

Life insurance benefits are offered to each eligible employee effective from the first day of the calendar month following their employment. (See appendix)

Holidays

The company observes the following paid holidays each year:

- New Years Day
- Memorial Day
- July 4th
- Labor Day
- Thanksgiving day

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PAGE 05

Benefits

- Day after Thanksgiving
- Christmas Day or equivalent
- plus two (2) floating days to be scheduled by *Fore Systems, Inc.* annually

If a holiday falls on a Saturday, then the previous Friday is observed as a holiday; likewise, if a holiday falls on a Sunday, the following Monday is observed as a holiday. Unused floating holidays cannot be carried forward to the next calendar year nor are employees entitled to payment for unused holidays.

Jury Duty

If called for jury duty, an employee will be paid at the base rate of pay (less jury pay) for each scheduled workday which he or she is required to spend at court, up to a maximum of five (5) days.

Military Leave

If employees have a military obligation to fulfill, leave without pay will be granted without charge to vacation or personal allowances. *Fore Systems, Inc.* will continue to contribute health benefits to the employee for a period of up to twelve months after the employee's commencement of military duty.

Paid Time-Off Policy

The Paid Time Off Policy provides permanent full-time employees with an entitlement of days away from work with pay. Paid Time Off (PTO) may be used for vacation, personal time, illness or time off to care for dependents. PTO must be scheduled in advance and approved by your supervisor, except in cases of illness or emergency. The PTO Policy does not cover scheduled holidays, floating holidays, time off for jury duty or bereavement leave. Questions about PTO earned and used should be referred to your supervisor.

Paid Time Off is earned on a *Fore Systems, Inc.* financial-year basis and is earned on the first day of each month following the employee's date of employment. PTO is based on the following schedule

EMPLOYMENT YEARS COMPLETED	PAID TIME OFF
Less than 3	18 days (1.5 days per month)
3 through 6	24 days (2 days per month)
7 or more	30 days (2.5 days per month)

During your first year of employment PTO is earned at a rate of one-twelfth of 18 days or 1.5 days per month. PTO may only be used as it is earned, except in the case of illness. After your first employment anniversary, you may schedule PTO at any time during your employment year. You may schedule PTO in whole or half days but not less than half days.

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COLLETTE

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Policies

PTO earned but not used by an employee in one financial year (currently *Fore Systems, Inc.*'s financial year ends 31st March) can be carried over to the next financial year except that the maximum amount that can be carried over is no more than the employee's entitlement in the current financial year.

Terminating employees will be paid either for their earned but unused PTO or for their annual entitlement, whichever is less.

Retirement Benefits

Fore Systems, Inc. provides its employees with pension benefits via its SEP-IRA plan under which *Fore Systems* contributes to employees' IRAs. More details about this plan, including eligibility requirements, can be found in the attached copy of the 5305-SEP form. In summary, contributions are only made to employee's SEP-IRA in a particular calendar year if the employee has worked for the company during at least one of the previous five calendar years. For any one calendar year, *Fore Systems, Inc.* will contribute on an equal basis to the SEP-IRAs of all eligible employees. Currently this contribution is 7% of salary and will be made in July and in January of the following year.

When they become eligible for a SEP-IRA contribution, employees will be required to open SEP-IRA accounts with either The Vanguard Group or Fidelity Investments. *Fore Systems* will provide employees with application forms and information. Note that after establishing an SEP-IRA with Vanguard or Fidelity, an employee can transfer the funds in that SEP-IRA to an IRA at a financial institution of the employee's choosing.

Policies

Affirmative action

Fore Systems, Inc. aggressively supports the policy of offering employment to all those who qualify, without regard to protected class status, marital or veteran status, or race, religion or handicaps. *Fore Systems, Inc.* is committed to maintain objectivity in its hiring and contracting practices and personnel actions. At no time has *Fore Systems, Inc.* countenanced discrimination in its actions or those of its personnel.

Fore Systems, Inc. recognizes that unless a policy is vigorously administered and enforced, lapses may occur. Consequently, it assumes the leadership and responsibility for its own activities and efforts to overcome under-utilization of women and members of minority groups, wherever their expertise is applicable.

AIDS in the Workplace

Fore Systems, Inc. is committed to maintaining a safe and healthy working environment for all employees.

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Policies

Consistent with this commitment, Acquired Immune Deficiency Syndrome (AIDS) will be considered and treated on an equal pay basis as any other life-threatening or debilitating disease. This uniform consideration includes the company's personnel policies, and its policies regarding health, life insurance, and other benefit programs.

Employees who are affected by AIDS or any other life-threatening or debilitating disease will be treated in a humane and understanding manner. The company will make every reasonable effort to maintain confidentiality regarding medical information and to preserve the affected person's right to privacy.

The company recognizes that it is the virtually unanimous medical and scientific consensus, including the view of the Surgeon General of the United States and the Centers for Disease Control of the U.S. Public Health Service, that AIDS is not transmitted in the workplace by normal occupational professional or social contacts.

Consistent with this finding, and absent developments based on further medical and scientific research, the company will permit employees with AIDS to continue in the workforce:

1. as long as they are capable of performing the responsibility of their jobs, and
2. as long as their continued employment does not pose a significant risk to themselves or others.

Reasonable accommodation will be made to assist employees with AIDS. Refusals to work by co-workers of employees with AIDS because of a perceived threat of exposure are without a scientific or medical basis and will be subject to discipline.

Drug Abuse in the Workplace

Fore Systems, Inc. has an obligation to its employees, customers, shareholders, and the public at large to take reasonable and appropriate steps to prevent drug abuse by its employees in or affecting the workplace. This policy is based in substantial part on the company's concern regarding the safety, health and welfare of its employees, their families, its customers, and the community.

Consistent with this commitment, the company strictly prohibits:

1. The presence of employees on the job while under the influence of intoxicants, drugs, or any other controlled substances;
2. The use, possession, transfer, or trafficking of intoxicants, illegal drugs, or controlled substances in any amount, in any manner, or at any time, either on company premises or while conducting company business.
3. The use of company property, including company vehicles and telephones or an employee's position within the company to make, transfer, or traffic intoxicants, illegal drugs, or controlled substances; and
4. Any other use, possession, or trafficking of intoxicants, illegal drugs, or controlled substances in a manner which has an adverse impact on the company.

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PAGE 08

Policies

Any employee who is under medication or taking any drug which may affect the employee's ability to perform his or her job in a safe and productive manner must report such use to his or her supervisor. Supervisors, in conjunction with personnel staff, will determine if the employee should remain at work, be restricted in his or her duties, or be sent home.

The company has the right to:

1. Discipline employees, including dismissal, for felony convictions regarding illegal use, possession, or trafficking of drugs;
2. Search, based on reason to believe this policy is being violated, an employee's person, locker, desk, vehicle, work station, briefcase, tool box, wallet, purse, lunch box, pockets, and personal belongings. Entry on company premises constitutes consent to searches and inspections;
3. Test employees, including blood or urine tests, and perform medical examinations for the purpose of determining if the employee has engaged in illegal drug use; and
4. Take disciplinary action against employees who violate this company policy, including refusal to submit to testing, inspection or searches. Employees also may be suspended pending outcome of an investigation regarding compliance with this policy.

Job applicants may be required to undergo drug testing and medical examination prior to hire, and be required to agree in writing to permit such tests and examinations and company use of their results. Those job applicants who fail such tests and examinations will not be offered employment.

Notification to law enforcement agencies will be made at the discretion of the company; regarding violations of this policy as appropriate and/or necessary.

Smoking

The offices of *Fore Systems, Inc.* are a non-smoking environment.

Sexual Harassment

Sexual harassment is prohibited by *Fore Systems, Inc.*. Any employee found to have violated the company's policy against sexual harassment will be subject to immediate and appropriate disciplinary action, including possible suspension, termination, or expulsion.

Sexual harassment of employees and applicants for employment has been defined by the Equal Opportunity Commission to be any unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature when submission to such conduct is an explicit or implicit condition of employment, submission to or rejection of such conduct is used as the basis for employment decisions, or such conduct has the purpose or effect of unreasonably interfering with an individual's work performance, or creating an intimidating, hostile or offensive work environment.

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Policies

Patent Assignment

Patents granted to any *Fore Systems, Inc.* employee as a result of work undertaken during the course of their employment with *Fore Systems, Inc.* will be assigned to and become the property of *Fore Systems, Inc.* Employees employed in a technical or managerial position are required to sign an intellectual property agreement with *Fore Systems, Inc.*

Record Keeping

All employees are personally responsible for recording time on a daily basis. Time must be recorded in ink on a timecard and correctly distributed by contract number or name or other identifiers. All changes should be lined through with the employee's initials beside the change indicating the employee personally made the change and that the change is correct. All hours worked should be recorded even if in excess of 40 hours per week. The time card should be signed at the end of each week.

All time cards must be approved and signed by a Supervisor at the end of the week. The Supervisor is prohibited from completing an employee's timecard unless the employee is absent for a prolonged period of time on some form of authorized leave. If the employee is on travel status, the timecard may be prepared by the Supervisor for the employee but the employee should turn in a timecard upon return and attach it to the one prepared by the supervisor.

The nature of the work determines the proper distribution of time, not availability of funding, type or contract, or other factors. The accurate and complete preparation of timecards is a part of the employee's job. Careless or improper preparation may lead to disciplinary actions under company policies as well as applicable Federal statutes.

Wages, tips, other comp. 68296.69	2 Federal Income tax withheld 17899.26
Social Security wages	4 Social Security tax withheld
Medicare wages and tips 41775.50	6 Medicare tax withheld 605.73
Control Number 0035 EUK	Dept. 401
Corp. A	Employer use only 16

Employer's name, address, and ZIP code

RE SYSTEMS INC
THORNHILL ROAD
PITTSBURGH PA 15086

Batch #493

Employer's FED ID number 25-1628117	8 Employee's SSA number 067-60-8153
Social Security tips	8 Allocated tips
Advance EIC payment	10 Dependent care benefits
Nonqualified plans	12 Benefits included in Box 1
See Instrs. for Box 13 D 2645.84	14 Other
Stat Emp. <input checked="" type="checkbox"/> Deceased <input type="checkbox"/> Pension plan <input checked="" type="checkbox"/> Legal rep. <input type="checkbox"/> 942 emp. <input type="checkbox"/> Deferred comp. <input checked="" type="checkbox"/>	

Employee's name, address and ZIP code

DAVID W BUTLER
7213 MEADOWOOD WAY
CLARKSVILLE MD 21029

State ID	Employer's State ID	17 State wages, tips, etc. 68402.77
State income tax 5629.83	19 Name of locality	
Local wages, tips, etc.	21 Local income tax	

1993 W-2 and EARNINGS SUMMARY

This Plus Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 1993 paystub plus any adjustments submitted by your employer.

Gross Pay	71,048.61	Social Security Tax Withheld Box 4 of W-2	MD State Income Tax Box 18 of W-2	5629.83
Fed. Income Tax Withheld Box 2 of W-2	17899.26	Medicare Tax Withheld Box 6 of W-2	SUI/SBI Box 14 of W-2	
				605.73

2. Your Gross Pay Was Adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	MD, State Wages, Tips, Etc. Box 17 of W-2
Gross Pay	71,048.61	71,048.61	71,048.61	71,048.61
Less Misc. Non Taxable Comp.	106.08	106.08	106.08	0.00
Less 401(k) (D-Box 13)	2,645.84	N/A	N/A	2,645.84
Reported W-2 Wages	68,296.69	0.00	41,775.50	68,402.77

3. Employee W-4 Profile To change your Employee W-4 Profile Information, file a new W-4 with your payroll dept.

DAVID W BUTLER
7213 MEADOWOOD WAY
CLARKSVILLE MD 21029

Social Security Number: 067-60-8153
Marital Status: MARRIED

Exemptions/Allowances:

FEDERAL: 0
STATE: 0

RB12

1	Wages, tips, other comp. 217720.84	2	Federal income tax withheld 66422.62
3	Social security wages 60600.00	4	Social security tax withheld 3757.20
5	Medicare wages and tips 228894.94	6	Medicare tax withheld 3318.98

Control number 035 EUK	Dept. 004020	Corp. A	Employer use only 30
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Employer's name, address, and ZIP code

IE SYSTEMS INC
THORNHILL ROAD
RENDALE PA 15086

Batch #540

Employer's FED ID number 25-1628117	7	Employee's SSA number 067-60-8153
Social security tips	8	Allocated tips
Advance EIC payment	10	Dependent care benefits
Unqualified plans	12	Benefits included in box 1
See instrs. for box 13 D 9187.50	14	Other
Ret. emp. Deceased Pension plan X	Legal rep.	912 emp. Deferred comp. X

Employee's name, address, and ZIP code

DAVID W BUTLER
3 MEADOWOOD WAY
CLARKSVILLE MD 21029

State 0699598 4	17	State wages, tips, etc. 218979.50
State income tax 17613.54	19	Locality name
Local wages, tips, etc.	21	Local income tax

Employee Reference Copy
W-2 Wage and Tax Statement 1994
OMB No. 1545-0045

1994 W-2 and EARNINGS SUMMARY

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 1994 paystub, plus any adjustments submitted by your employer.

Gross Pay	230,153.60	Social Security Tax Withheld Box 4 of W-2	3757.20	MD: State Income Tax Box 18 of W-2	17613.54
Fed. Income Tax Withheld Box 2 of W-2	66422.62	Medicare Tax Withheld Box 6 of W-2	3318.98	Local Income Tax Box 21 of W-2	
				SUI/SDI Box 14 of W-2	

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	MD: State Wages, Tips, Etc. Box 17 of W-2
Gross Pay	230,153.60	230,153.60	230,153.60	230,153.60
Less Misc. Non Taxable Comp.	3,245.26	1,258.66	1,258.66	1,986.60
Less 401(k) (D-Box 13)	9,187.50	N/A	N/A	9,187.50
Wages Over Limit	N/A	168,294.94	N/A	N/A
Reported W-2 Wages	217,720.84	60,600.00	228,894.94	218,979.50

3. Employee W-4 Profile. To change your Employee W-4 Profile information, file a new W-4 with your payroll dept.

DAVID W BUTLER
7213 MEADOWOOD WAY
CLARKSVILLE MD 21029

Social Security Number: 067-60-8153
Taxable Marital Status: SINGLE

Exemptions/Allowances:

FEDERAL: 0
STATE: 0

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Dave Butler

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Wages, tips, other comp. 111586.73	2 Federal income tax withheld 34336.53
Social security wages 61200.00	4 Social security tax withheld 3784.40
Medicare wages and tips 117836.28	5 Medicare tax withheld 1708.62
Control Number 011035 EUK	Dept. Code 004020
Employer's name, address, and ZIP code FORE SYSTEMS INC 74 THORN HILL ROAD WARRENDALE PA 15086	
Batch #553	
Employer's FED ID number 25-1628117	3 Employer's SSA number 067-60-8153
Social security tips	6 Allocated tips
Advance EIC payment	10 Dependent care benefits
1 Nonqualified plans	12 Benefits included in box 1
3 See instructions for box 13 D 5137.50	14 Other
15 Stat emp. (Domestic) X	16 Legat emp. (Foreign) X
4 Employee's name, address, and ZIP code DAVID W BUTLER 213 MEADOWOOD WAY CLARKSVILLE MD 21029	
5 State (Employer's state ID) MD 069558 4	17 State wages, tips, etc. 112137.41
8 State income tax 8270.31	18 Locality name
9 Local wages, tips, etc.	21 Local income tax

W-2 Wage and Tax Statement 1995

1995 W-2 and EARNINGS SUMMARY

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may find helpful.

1. The following information reflects your final 1995 payments plus any adjustments submitted by your employer.

Gross Pay	118,386.96	Social Security Tax Withheld	550.68	MD. State Income Tax	8270.31
		Box 4 of W-2		Box 18 of W-2	
				Box 14 of W-2	
Fed. Income Tax Withheld	34336.53	Medicare Tax Withheld	1708.62		
Box 2 of W-2		Box 5 of W-2			

2. Your Gross Pay Was Adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	MD. State Wages, Tips, Etc. Box 17 of W-2
Gross Pay	118,386.96	118,386.96	118,386.96	118,386.96
Less Misc. Non Taxable Comp.	1,662.73	550.68	550.68	1,112.05
Less 401(k) D-Box 13	5,137.60	N/A	N/A	5,137.50
Wages Over Limit	N/A	55,636.28	N/A	N/A
Reported W-2 Wages	111,586.73	61,200.00	117,836.28	112,137.41

3. Employee W-4 Profile To change your Employee W-4 Profile Information, file a new W-4 with your payroll dept.

DAVID W BUTLER
7213 MEADOWOOD WAY
CLARKSVILLE MD 21029

Social Security Number: 067-60-8153
Taxable Marital Status: SINGLE
Exemptions/Allowances:
FEDERAL: 0
STATE: 0

1-1995 AUTOMATIC DATA PROCESSING, INC.
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Wages, tips, other comp. 111586.73	2 Federal income tax withheld 34336.53
Social security wages 61200.00	4 Social security tax withheld 3784.40
Medicare wages and tips 117836.28	5 Medicare tax withheld 1708.62
Control Number 011035 EUK	Dept. Code 004020
Employer's name, address, and ZIP code FORE SYSTEMS INC 74 THORN HILL ROAD WARRENDALE PA 15086	
Batch #553	
Employer's FED ID number 25-1628117	3 Employer's SSA number 067-60-8153
Social security tips	6 Allocated tips
Advance EIC payment	10 Dependent care benefits
1 Nonqualified plans	12 Benefits included in box 1
3 See instructions for box 13 D 5137.50	14 Other
15 Stat emp. (Domestic) X	16 Legat emp. (Foreign) X
4 Employee's name, address, and ZIP code DAVID W BUTLER 213 MEADOWOOD WAY CLARKSVILLE MD 21029	
5 State (Employer's state ID) MD 069558 4	17 State wages, tips, etc. 112137.41
8 State income tax 8270.31	18 Locality name
9 Local wages, tips, etc.	21 Local income tax

W-2 Wage and Tax Statement 1995

1 Wages, tips, other comp. 111586.73	1 Federal income tax withheld 34336.53
3 Social security wages 61200.00	4 Social security tax withheld 3784.40
5 Medicare wages and tips 117836.28	5 Medicare tax withheld 1708.62
Control Number 011035 EUK	Dept. Code 004020
Employer's name, address, and ZIP code FORE SYSTEMS INC 74 THORN HILL ROAD WARRENDALE PA 15086	
Batch #553	
Employer's FED ID number 25-1628117	3 Employer's SSA number 067-60-8153
Social security tips	6 Allocated tips
Advance EIC payment	10 Dependent care benefits
11 Nonqualified plans	12 Benefits included in box 1
13 See instructions for box 13 D 5137.50	14 Other
15 Stat emp. (Domestic) X	16 Legat emp. (Foreign) X
4 Employee's name, address, and ZIP code DAVID W BUTLER 7213 MEADOWOOD WAY CLARKSVILLE MD 21029	
17 State (Employer's state ID) MD 069558 4	17 State wages, tips, etc. 112137.41
18 State income tax 8270.31	18 Locality name
19 Local wages, tips, etc.	21 Local income tax

W-2 Wage and Tax Statement 1995

SEC 022237

FOIA CONFIDENTIAL TREATMENT REQUESTED 0000047

RB14